The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.
Editor and Business Manager:
ETHEL JOHNS, Reg. N., 1411 Crescent Street, Station H, Montreal, P.Q.

CONTENTS FOR SEPTEMBER, 1943

Subscription Price: $2.00 per year; foreign and United States of America, $2.50; 20 cents a copy.
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Reader's Guide

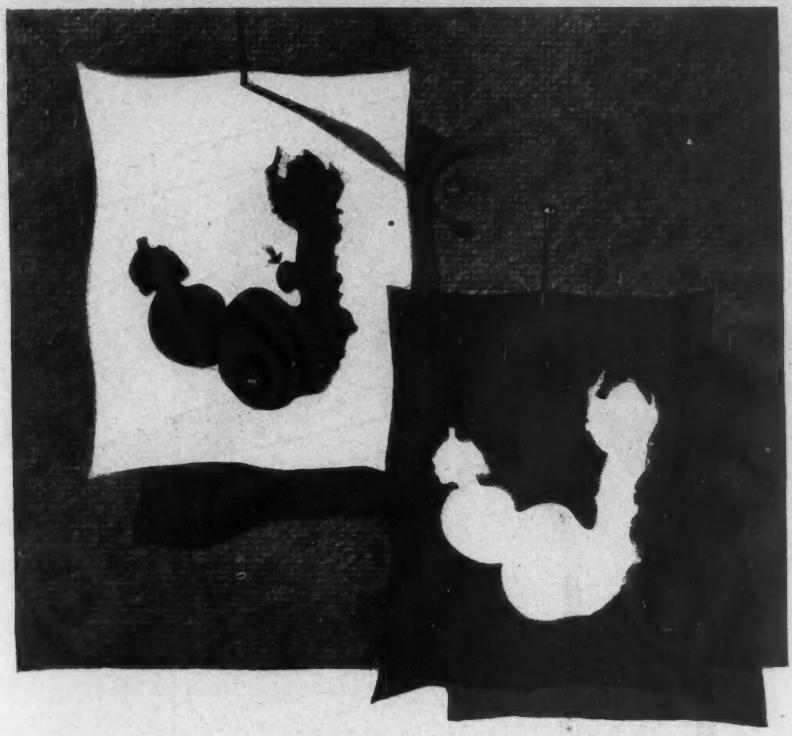
Upon the recommendation of the Department of Pensions and National Health, a **Federal Grant** of a quarter of a million dollars has been made to the Canadian Nurses Association by the Canadian Government. An outline of the allocation and distribution of this magnificent gift will be found in **Notes from the National Office.** The fact that the grant is much larger than it was last year is evidence that our Government is convinced that Canadian nurses have rendered a good account of their stewardship and are worthy of public confidence.

Even under ordinary conditions, the prevention and control of venereal disease is one of the most difficult and baffling of all public health problems. In wartime, the whole situation becomes so acute that active measures must be taken to cope with it and we are very grateful to **Lt. Col. D. H. Williams** for allowing us to reprint his challenging and inspiring plan of campaign. In the letter authorizing us to do so, he writes: "During my five years experience in British Columbia, I found the nursing profession a tower of strength. The problem of venereal disease is so gigantic that its solution depends upon the aggressive action of large numbers of agencies and individuals. I envisage the support of Canadian nurses and their agencies as essential to wiping out syphilis and gonorrhoea". Lt. Col. Williams is the Chief of the Division of Venereal Disease Control, Department of Pensions and National Health, and is, therefore, in a position to give the strong and enlightened leadership that will ensure the success of the national campaign in which Canada is so vitally interested.

Until the war is over, we shall not know how much we really owe to the men of the Royal Navy and the Merchant Service who kept the seas in spite of the lurking menace of the submarine. Even when rescue did come in time to save life it often did not arrive soon enough to prevent suffering and mutilation. **Matron Rae Fellowes, R.C.N.,** writes of the treatment given for one serious result of exposure and, in an accompanying letter, makes the encouraging suggestion that "immersion foot" may soon be a thing of the past. Matron Fellowes is a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and is in charge of the nursing service in the Royal Canadian Naval Hospital in Sydney, Nova Scotia.

An exceptionally stimulating panel discussion took place at a recent meeting of District 8, Registered Nurses Association of Ontario, under the auspices of the provincial Hospital and School of Nursing Section. The manuscripts of the brief addresses given by the participants were so lively and interesting that they were sent to the *Journal* for publication. The first of these, entitled "What we expect of general staff nurses", written by Miss E. C. McIlraith, appeared in the August issue of the *Journal* and is followed by "A new deal for the general staff nurse" by **Isabel Baird.** Miss Baird is a graduate of the School of Nursing of the Rhode Island Hospital and took the course in administration recently offered by the University of Toronto School of Nursing. Strictly speaking, the articles in this series should appear on the special page sponsored by the General Nursing Section but after consulting the national chairman of the respective Sections, it was decided that the Section which sponsored the panel had priority rights.

Doesn't it give you a thrill just to look at the pictures of the R.C.A.M.C. Nursing Sisters which appear in this issue of the *Journal?* We are most grateful to the **Department of Public Relations (Army)** for its generous and sympathetic response to our request that in future the *Journal* shall have its rightful share of "news releases" accorded to the Press.



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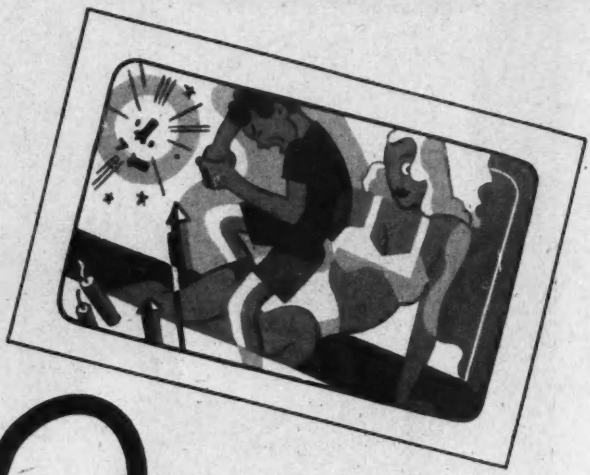

1. Summertime doubles exposure to numerous risks: (*a*) Many will bathe too long in the burning rays of the sun, get too close to campfires and hold fireworks too long, exposing themselves to the double risk of painful burns and dangerous infections. (*b*) Others will suffer cuts, abrasions and minor lacerations that often go with strenuous participation in outdoor sports.

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The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION
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Where the Trouble Really Lies

A truly magnificent effort is being made by Canadian hospitals to maintain their service to the community at the level which prevailed before the war. Every department carries a share of the common burden but it is on the nursing staff that it falls most heavily. Why should this be? For the simple reason that nurses are being used to take the place and do the job of almost every other hospital worker from the intern to the wardmaid. We certainly can claim to be what the French call *serviable*, a term for which there is no precise equivalent in English but that implies being able and willing to function in any capacity whatsoever, at the drop of a hat. It is in the smaller hospitals and in the rural areas that the situation is most acute. Medical staffs have dwindled to vanishing point and nurses must deal with all sorts of emergencies from delivering babies to making a tentative diagnosis. Yes, even prescribing treatment if there is no physician to ask for orders. To their everlasting credit be it said, they are agreed that all these demands are justifiable in wartime and that it is their bounden duty to take the buffet and cushion the shock.

Unfortunately these are not the only or even the heaviest responsibilities (over and above their own work) that nurses have had to assume. They are being called upon to man the telephone switchboard, to get breakfast when the cook fails to turn up, to wrestle with the garbage cans when the cleaner takes it into his head to absent himself without leave. Sweeping floors and washing dishes they just take in their stride because there is no one else to do it. It is not surprising that nurses are beginning to suspect that they may have been a bit too adaptable. Yet they try to remember that there is a war on and gamely put their shoulders to the wheel. Nevertheless, the question does arise as to where the trouble really lies. Are

the exigencies of war the primary cause or is there a maladjustment that goes far deeper? Long before the war, and even when the depression was at its worst, it was extremely difficult to persuade any woman to do housework in another woman's home. Why? We leave the answer to the housewife. This is not a nursing problem, although nurses are repeatedly required to cope with it. If the housewife falls ill, a nurse is all too often employed in the confident expectation that she will look after the house as well as the patient. Incidentally, much of the clamour for the trained attendant may be traced to the fond but illusory hope that she will assume household duties more willingly and at less cost than we do.

Isn't it about time that the community in general (and the women in particular) woke up to the fact that it is no use trying to solve one problem by creating another? A new deal for domestic workers is long overdue. They are indispensable in the home as well as in the hospital and are entitled to better treatment than they have received in the past. In the meantime, nurses should not be required to do domestic work at the cost of neglecting their own. Their first duty is to give skilled nursing care to their patients.

—E.J.

Canada's National Health and Venereal Disease Control

Lieut.-Col. D. H. Williams, R.C.A.M.C.

For Canada the outcome of the present conflict is largely dependent upon strength of body, wholesomeness of mind and steadfastness of purpose. Of these human elements of victory, health is our particular concern in this presentation. To fight, Canada must be fit. To win the war, Canada must be strong. While we are engaged resolutely in waging battle against the enemies without, we must not neglect the enemies within. Of all those insidious influences which from within may corrode and undermine our efficiency to fight, disease is the most serious and, of all disease enemies, the venereal diseases, syphilis and gonorrhoea, are the ones which can wreak the most havoc.

In our communities are stationed, for military training and defence purposes, thousands of the cream of our manhood and womanhood. Upon their health and fitness depends the future of our homes. In our midst live our fellow Canadian citizens whose civilian tasks are essential to the success of battle. As a nation, Canada must maintain its high standards of health. It must guard its people against the insidious encroachment of ill health in general and syphilis and gonorrhoea in particular, an encroachment which during the past four hundred years always has been associated with a state of war. If it is so willed by the people of Canada and its governing agencies, during this war syphilis and gonorrhoea shall be held in check. We have at hand all the means necessary to hold at bay these

master saboteurs of war effort and national health. It is even within the realm of possibility for Canada to reduce the venereal diseases to the vanishing point. This should be Canada's health objective.

The roots of the problem of venereal disease lie buried deep in inherent defects of human behaviour, in remediable unwholesome community conditions, and in a failure to apply effectively the measures of modern medical science. No people are in a better position to overcome the threat of venereal disease than are Canadians today. The will to banish this "Fifth Column" from our midst must encompass a concerted attack. With the Home and the Church lies the responsibility for strengthening the bonds of family life and fortifying individual character. On citizens generally, and on civilian authorities particularly, rests the onus for remedying unwholesome community conditions which predispose to the spread of venereal infection. Those entrusted with the armaments of public health must use them adroitly and aggressively.

Of the six known venereal diseases, syphilis and gonorrhoea are the only ones which reach important proportions from the public health standpoint in Canada. These infections extend as a dank mesh through the fabric of our communities from the Atlantic to the Pacific. They constitute one of the major health problems in every city and village. Syphilis the killer, gonorrhoea the sterilizer, strike at youth. Three-quarters of those infected acquire these diseases between the ages of 16 and 30 years. Let us not forget that, whatever the effects of venereal disease may be in the individual, ultimately it is the home and home life that suffer the brunt of the attack. In times of war the home life of a nation is in jeopardy. The bulwarks of home life in Canada must be strengthened. No crevices must permit unsavory wartime influences to enter and to bear with them syphilis and gonorrhoea.

The easily preventable human tragedy of syphilis and gonorrhoea is largely a heritage of neglect, prudery and a failure to face squarely the problem and its casual background. What other countries have done, Canada also can do. Great Britain in twenty years cut its syphilis rate in half. In twenty years the Scandinavian countries conquered syphilis and reduced it to the status of a rare disease. It is over thirty years since medical science provided the weapons necessary to destroy the venereal diseases. During all this time painstaking research has steadily improved these armaments. Yet these public health weapons are still largely unused.

We do not have to look to Europe to see the national dividends accruing from comprehensive venereal disease control measures. In the United States the courageous program launched by the United States Public Health Service under the forthright leadership of Surgeon-General Parran, endorsed and supported by the people of the United States and their governing agencies, has reduced venereal disease in their armed forces to unprecedented low rates. Large sums of federal money have been made available to local health departments and guidance has been given in the wise expenditure of this money. A special government agency, the Social Protection Division, has been set up, whose sole purpose is to lead the attack against illegally-operating, disease-dispensing, disorderly houses and other unsavory community influences. In the words of Surgeon-General Parran: "The cheapest thing we can do with syphilis is to cure it".

Reduction of venereal disease in countries that have had the satisfaction to experience this favourable trend, has gone hand in hand with public enlightenment and education; with gen-

eral recognition of social and economic factors as profoundly influencing the prevalence; with a national morality envisaging homes where warmth, food, security and affection abound; with a high regard for justice and the enforcement of laws directed against the third-party participants in commercialized prostitution.

Is Canada determined to keep strong, to keep her fighting men fit, to keep her war workers sound in body and to guard her national health as the most precious heritage the past has given, the most precious trust the present bestows, and her greatest contribution to posterity? Is Canada determined that the exigencies of war shall not permit syphilis and gonorrhoea to destroy or mar this heritage?

Canada's response to this challenge is a "Four-sector Canadian Front against Venereal Disease." The sectors which, united, co-ordinated and welded into an impregnable line, will advance upon syphilis and gonorrhoea, are the health, welfare, legal and moral sectors —components of an indivisible whole aligned against a common foe. The ultimate objective is to destroy syphilis and gonorrhoea. The purpose of each sector is to take the offensive with the weapons peculiar to its own particular method of attack. Waging unrelenting war on the health sector with the weapons of modern medical science and public health procedure will be physicians, nurses, health departments, university medical training centres and hospitals. Leading the attack on the welfare sector will be social workers and welfare agencies armed to battle squalor, overcrowding, inanition, neglect and insecurity. Directing a vigorous, unrelenting, sustained action on the legal sector are the courts, the legal profession and police agencies, whose action seeks out and brings to justice those who for personal gain purvey to men's weaknesses. On the moral sector the battle is led by the churches and homes of Canada, strengthening the moral fibre of our nation and upholding the sanctity of marriage and family life.

Each sector is well defined from the standpoint of its territory, its personnel and its armaments. The ultimate objective is the same. Each must respect the part which the other plays in the engagement. Each must recognize its own sector as integrated into the "Canadian Four-sector Front against Venereal Disease".

The Health Sector forces are being marshalled. All preventive control health measures are being intensified and co-ordinated and it is anticipated that a common strategy will be adopted by all health agencies throughout Canada. The Departments of National Defence jointly with the Department of Pensions and National Health and the Provincial Health Departments are working in close co-operation. Common administrative machinery has been already set up by the Department of National Defence and the Federal Health Department. The Armed Forces, through their three medical services, are providing the most up-to-date facilities for preventing and curing venereal disease and thereby improving fighting fitness.

The basis of the six-point strategy of the health sector rests upon the axioms that syphilis and gonorrhoea, in common with other communicable diseases, are vulnerable to the weapons of public health and thereby may be cured and prevented. Canada has reduced smallpox, typhoid fever and diphtheria to the status of rare diseases. Tuberculosis is being overcome. Venereal disease is the next great plague to go! The backbone of the health sector is the fact that syphilis and gonorrhoea are curable and preventable—a fact that cannot be reiterated too often or too loudly. The word "curable" is the

artillery, the word "preventable" the infantry of the health thrust.

The first of the six points in the health strategy is public education. Public enlightenment on a wholesome, dignified, reasonable basis will silence false fears, banish outworn fallacies and end the tragic conspiracy of silence in which we have all been partners. Today, fortunately there is a widespread desire on the part of citizens for factual information concerning syphilis and gonorrhoea. Fear and defeatism are giving place to frank, intelligent discussion of this major Canadian health problem. To encourage this wholesome trend a vigorous health educational program is under way which will bring the facts to the people. The informative material and the media are to be carefully selected. The content will be designed to support and not jeopardize in any way the program of the welfare, legal and moral sectors.

Adequate diagnostic and treatment facilities to provide care for all who need it in Canada is the second point in our health strategy. It is our duty to see that every Canadian who requires examination or treatment shall have the best that modern medical science can provide. Today, Provincial Health Department Laboratories, heavily weighted with extra burdens thrust on them by the war, are providing, in spite of shortages of staff and equipment, a heroic service to the nation. They must be assisted if they are to carry on and meet the ever-increasing demands for their service. With public recognition of the need to discover and treat the hidden syphilis in our midst, there will be even greater demands on their facilities. Each year the Federal Government carries forward the war against syphilis by purchasing and distributing through the Provincial Health Departments $50,000 worth of arsenicals to private physicians, hospitals and clinics.

There is no place in Canada today for the treatment of venereal disease by unqualified persons using fraudulent and dangerous procedures. This is the basis of the third strategic point. Quackery and charlatanry must go. The natural prejudice, fear and prudery associated with syphilis and gonorrhoea have played into the hands of those who pose as specialists in treating "blood diseases" and the "ills of men". These vultures take from the infected victim not only his money, but also his chances of being cured. Precious time is lost. The infection is only aggravated and perpetuated. Adequate provincial laws exist to meet this danger to the national health but are not being enforced.

The fourth point in the health sector thrust focuses upon the greatest of all tragedies in the realm of syphilis—the infection of little children. This continuing, preventable, pathetic blot on our national health could be erased within one year by a simple expedient—adequate medical prenatal care of the expectant mother before the fifth month. It is now known that if syphilis in an expectant mother is discovered by blood testing before the fifth month and if proper weekly injection treatment is instituted, the new-born baby is given almost a hundred per cent chance of being normal, healthy and completely free from syphilis. This fact must be made known to every woman in Canada. If every expectant mother in Canada went to her physician before the fifth month and if every physician in Canada were to make blood tests for syphilis and provide proper care where necessary, syphilitic babies before this year is out would become a rarity in our land.

Another tragedy inseparably bound with the foregoing and antedating it, provides the reason for our fifth point. This is the innocent infection of young Canadian wives following marriage. A prime requisite to the establishment of a sound home is sound health on the

part of the husband and wife—the future father and mother. Wise partners preparing for marriage recognize that successful family life is contingent among other factors upon health and physical fitness. Syphilis discovered in an unsuspecting partner can be treated and cured by careful medical examination and blood tests. Thereafter a home with children can be established without danger or ill effect.

The sixth and final point in the health sector of the "Front against Venereal Disease" involves effective measures, directed toward seeking out and treating those persons who are wittingly or unwittingly spreading infection, and closely related thereto and equally important measures to deal with the facilitators directly and indirectly associated with unsavory community conditions which make it easy for highly diseased persons to spread their infection. Reference is made particularly to houses of prostitution and other less obvious places of facilitation. This problem is best outlined in the words of Dr. Walter Clarke, executive director of the American Social Hygiene Association, in urging that people be educated to the problems created by prostitution: "They must feel sure that prostitution cannot be made safe and sanitary; that it spreads disease; that it corrupts the morals of young people; breaks up families; demoralizes public officials; provides a haven for petty criminals; and is constantly associated with inebriety and drug addiction. In short, if citizens are sure that there is nothing good about prostitution and that it is entirely undesirable, they will favour its repression, both during and after the war".

To summarize, these are the salient features of the six-point plan of strategy that the Health Sector has adopted:

1. Wholesome, dignified health education concerning syphilis and gonorrhoea.

2. Adequate diagnostic and treatment facilities for all persons suffering from venereal disease.

3. The supression of quackery and charlatanry in the treatment of venereal disease.

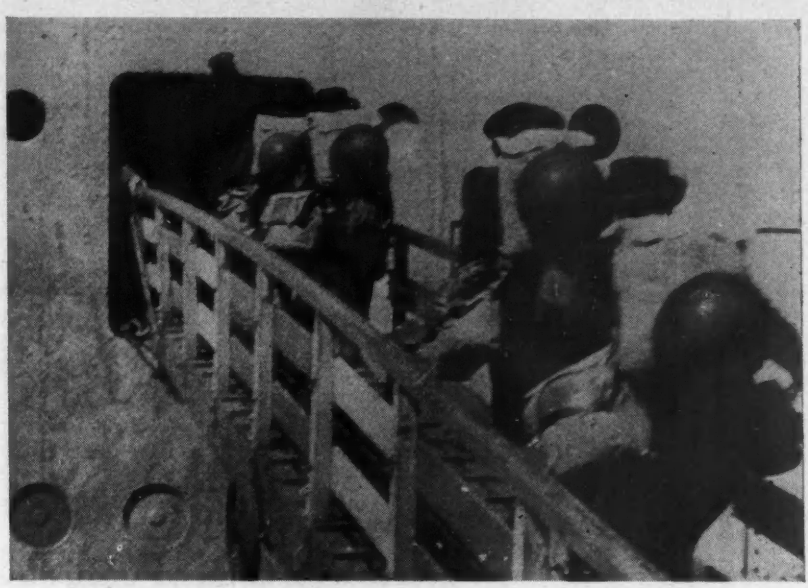
4. Early adequate prenatal care including blood tests for expectant mothers to prevent the tragic infection of babies.

5. General health examination including blood tests for syphilis before marriage.

6. Effective measures to deal with persons and community conditions associated with the deliberate spreading of venereal disease.

This programme moving abreast with those of the welfare, legal and moral sectors will present a formidable front against venereal disease. The threat of syphilis and gonorrhoea to our nation and its war effort cannot be taken lightly. Canada is determined to keep strong, to keep her fighting men fit, to keep her war workers sound in body and to guard her national health as the most precious heritage the past has given, the most precious trust the present bestows, and her greatest contribution to posterity. Canada is determined that the exigencies of war shall not permit syphilis and gonorrhea to destroy or mar this heritage. The "Four-sector Front against Venereal forward resolutely and with sustained vigor until victory over venereal disease Disease" is Canada's answer. Let us go is complete. Then may we look back and see syphilis and gonorrhoea added to the lengthening list of vanquished foes of human health and happiness.

Editor's Note: This article originally appeared in the June issue of The Canadian Journal of Public Health. With the kind permission of the editor and of the author, the *Journal* has the privilege of reprinting it.



Canadian Army Photo

On Duty with the Fighting Forces

It was with a thrill of pride that Canadian nurses learned that our R.C.-A.M.C. Nursing Sisters are serving with the Canadian Army in Sicily and North Africa. Thanks to the courtesy of the Public Relations Department of the Department of National Defence (Army), the *Journal* is privileged to publish the striking photographs which adorn this issue.

A vivid glimpse of what our nurses are facing up to in North Africa is also given in an article written by Frederick Griffin which appeared recently in the Winnipeg Free Press:

This is a strange world into which our Canadian men and women have suddenly dropped from the misty skies and green fields of England. It's a world of sand, dust, fierce heat, flies and dysentery. Today finds the roads around camp patrolled by military police to keep raiding parties out of the melon patches of local farmers, French and native.

Canadian women are here too, for our convoy carried staff doctors and nurses of Canadian military hospitals who have served three years in the United Kingdom. One was a hospital staff from Toronto, including 101 nursing sisters. Another hospital staff from Winnipeg was on another ship of the convoy. The sea war circumstances (and silence) kept them poles apart. They are apart. The first hospital staff is in camp with us awaiting transfer shortly to a site some miles away where they will handle Canadian casualties. Winnipeg doctors and nurses went onward to another position.

As I write, our nurses have had a good taste of arid sunbaked living with sand in their shoes and in their food, and they are

taking it like bricks. These girls of the first Canadian hospital to serve under such semi-desert conditions are indeed taking stoutly to conditions which might well distress any fastidious woman. For months before embarking, they gave up hospital work to fit and harden themselves with marches and physical training exercises. We saw them come aboard ship at a British port with equipment and carrying water bottles, haversacks, packsacks, blankets and other stuff which weighed up to 70 pounds or nearly the weight soldiers carry. In the precious 112 pounds of carried and transported baggage each was allowed, she had to carry some 14 ward uniforms and veils, six pairs of shoes, a couple of uniforms and other necessaries at the cost of cutting down on those garments which women love, and on cold cream, face lotions and other aids to beauty. Yet they manage to look smart in their blue uniforms.

According to a despatch from Louis V. Hunter, a Canadian Press war correspondent, which appeared in the Montreal Gazette, Canadian nursing sisters were the first women of the Allied forces to reach Sicily after the invasion of the island. Acting as the personnel of a Canadian military hospital, and recruited mostly in Winnipeg and other points in Western Canada, these nurses are tending Canadian wounded a score of miles behind the front line. They were given a royal reception by the troops after they landed from a transport which brought the hospital from Britain by way of North Africa. The lorry convoy carrying the nurses from the port where they landed was cheered by troops all the way to their destination. Their first night in camp was memorable. There was no water to wash with and there was an alert during the night! But after a good sleep they were all ready for work.

Nurses are serving on the high seas as well as on land for Canada's first hospital ship is now in regular service. This gleaming white ship, with her broad green band, illuminated red

Canadian Army Photo

Serving afternoon tea in North Africa

Canadian Army Photo

R.C.A.M.C. Nursing Sisters in camp in North Africa

crosses and brilliant flood lights is in sharp contrast to the drab, blacked-out merchantmen and warships to which Canadian ports have been accustomed for more than three years. During the first years of the war, some Canadian casualties were brought back in British hospital ships under charter to the Canadian government, but demands on British shipping increased so greatly during the Middle East campaigns that it was found necessary for Canada to make suitable arrangements. A suitable ship was marked for conversion, and now it is possible to clear casualties from all three branches of the Fighting Forces. These casualties may include both the wounded and the men who have been unable to stand up under strenuous pre-battle training. This floating hospital has equipment to handle everything from the trivially minor to the critical major case. The operating room is completely equipped, there is a modern sterilizing room, an inspection room for minor dressings, a dispensary and a portable x-ray outfit.

The wards are of various sizes to meet particular needs and to permit the maximum bed accommodation. A civilian crew handles the ship, whose movements are ordered directly from Canada's Department of National Defence. There is accommodation for nearly 200 ambulatory cases and about 300 bed patients, the most serious of which will be placed in specially constructed, swinging berths. Special provision has been made also for a few nervous or mental cases. Each of the twelve wards has an electric refrigerator and a small sterilizer. There are five complete diet kitchens to which food will be sent by dumb waiters from the main kitchen. In the diet kitchens the meals will be placed in electrically operated food containers to ensure their appetizing service to all bed patients wherever they are placed aboard the ship.

Major A. H. Taylor, M.C., who served on British hospital ships in the first great war, is commanding officer of the volunteer unit of nine medical officers. Fourteen nursing sisters were se-

lected to represent every part of Canada. Life-boat accommodation for 100 per cent of the ship's capacity has been provided and, in addition, life-belts and life-raft accommodation for every person aboard. Eleven large red crosses mark the ship; three on each side, one at the stern, two on the deck, and one on each side of the funnel. The two crosses on the funnel are illuminated at night and the other crosses are floodlit. Around the railing is a string of green lights which outline the ship in detail according to provisions of the Geneva Convention. The enemy has officially been informed that Canada's hospital ship is now on active service. Let us hope and pray that the whole ship's company may come swiftly and safely to their desired haven.

The C.N.A. Appoints a General Secretary and National Adviser

The nurses of Canada will be glad to learn that at the meeting of the Executive Committee of the Canadian Nurses Association, held recently in Montreal, it was unanimously agreed that Miss K. W. Ellis be appointed as general secretary and national adviser to the Association, to take effect October 1, 1943. Owing to circumstances which have developed within the University of Saskatchewan, and for personal reasons, Miss Ellis wishes to make it known that she is accepting the position of general secretary and nursing adviser for one year only. It is understood that she will return to her position in the University of Saskatchewan at the end of this period.

Photo by Notman, Montreal

KATHLEEN W. ELLIS

It would seem quite unnecessary to expand upon the unusual qualifications which Miss Ellis brings to her new position as director of National Office activities in view of the success of the emergency programme developed under her leadership during the past eighteen months. Her personal knowledge of nursing conditions and problems in every province of the Dominion is an excellent foundation for carrying out the broadly conceived policies now visualized by the Canadian Nurses Association. Miss Ellis possesses a very deep interest in nursing, as well as unusual insight and foresight in addition to her professional qualifications and broad experience.

MARION LINDEBURGH
President
Canadian Nurses Association.

Nursing Care of "Immersion Foot"

MATRON RAE FELLOWES, R.C.N.

Nursing in a hospital situated at a seaport affords many opportunities to see unusual diseases, such as are seldom seen elsewhere, and among our most interesting cases is the so-called "immersion foot". Before discussing the nursing care, it might be of interest to describe briefly the predisposing causes and the local conditions which occur in these cases. This subject has recently been discussed by Drs. Webster, Woolhouse and Johnston (R.C.N.V.R.) before the American Orthopaedic Association, and I am indebted to them for much of this material. "Immersion foot" is the name used to denote a condition produced by long immersion of the feet in extremely cold water, usually associated with immobility and constriction of the limbs by boots and clothing. These patients have been exposed to the rigours of the North Atlantic in lifeboats or on rafts for from one to twenty-two days, being constantly soaking wet. It has also been found that this condition can be produced by long immersion in the Gulf Stream where the temperature of the water may vary between sixty and seventy degrees.

The feet are found to be cold, swollen and waxy white in colour with scattered cyanotic areas. The patients complain that their feet feel heavy, "wooden" and numb, and the feet are anaesthetic to pain, touch and temperature. Shortly after removal from this traumatizing environment, the feet swell rapidly, become red, hyperaemic and hot, without sweating. The pulse in the vessels of the feet is full and bounding. The damage to the tissues by cold leads to a reactive inflammation with intensive vasodilatation. There is also actual damage to vessels and nerve endings. This may lead to thrombosis and gangrene. The metabolic needs of the tissue may be so great that the damaged tissues are unable to provide the demands and again necrosis will occur. More moderately, the damaged vessels lead to oedema and sometimes to extravasation of whole blood. The damaged tissue is very susceptible to infection and every precaution must be taken to prevent this. The treatment is thus aimed (1) to lessen the metabolic demands of the tissues until an adequate circulation can be re-established, and (2) to prevent infection.

Because of the picture of intense vasodilatation and the subsequent profound inflammatory reaction it was decided to treat the condition with dry refrigeration. The tragic results from too rapid warming of "immersion foot" are well known. Three different methods have been employed: (1) application of ice bags; (2) dry cooling by exposure to an electric fan; (3) dry cooling at room temperature. The first aid administered at the time of the rescue, before the patient is hospitalized, is of the utmost importance. The patient should be lifted and not allowed to bear weight. Clothing and boots should be removed carefully and the injured limbs should be kept as cool as possible. They should not be bandaged, rubbed, or have any medication applied. Care should be taken that the skin does not get broken during rescue operations. The limbs should be elevated and supported if at all possible.

On arrival at hospital, the usual admitting procedures are gone through but the rapid application of cold is of the foremost importance. A double Gatch bed should be selected, and the

patient made comfortable. The diet should be high vitamin, either liquid or soft depending on the length of time the patient has been without food. Strict asepsis is essential and the feet must not be allowed to become wet. They are carefully swabbed off with alcohol, sterile gauze is placed between the toes, and the feet and legs are wrapped separately in sterile towels. Five carefully dried ice bags are placed around each foot over the towel, and then the whole is enclosed in an oil-silk bag. This is then wrapped in thick layers of cellucotton for insulation, then enclosed in a rubber pillow case tied loosely about the upper calf. The feet should be elevated on pillows and a cradle used. The ice bags must be changed every four hours or oftener, according to instructions.

Dry cooling by exposure to an electric fan is accomplished by elevating and exposing the feet to a continuous blast of air. To enhance cooling, the feet can be repeatedly sprayed through the fan blades with cold water from a nebulizer. To dry cool at room temperature, the feet are simply elevated and allowed to be exposed in a cool room.

Careful nursing care must be carried out at all times, with special attention given to the back and elbows. The heels must be placed in soft rings so as to prevent damage by pressure. The constant application of cold has been found to control pain most satisfactorily, although sedatives may be given as ordered. Other drugs which may be employed are heparin—an anti-coagulant, and papaverine—a vasodilator. Sulpha drugs and oxygen may also be found necessary.

These patients have been found to be among the most co-operative and appreciative. They realize that they have been extremely fortunate in being rescued and are at last in a comfortable bed. They ask for nothing more, except, strangely enough, to get back to sea! They demand many hours of care but a feeling of immense satisfaction is derived if they can be sent back to duty without serious ill-effect or loss of limb.

Nursing Care of the Pregnant Patient

CAROLINE BARRETT, OLGA LILLY BARWICK,
GERTRUDE YEATS

The birth of a child is accepted casually by most people because it is a daily occurrence but, to the young woman about to become a mother, it is a serious ordeal, fraught with danger. To quote Dr. F. L. Adair: "While pregnancy is a physiological process, not all women who become pregnant are normal physiologically. The border line between health and disease is narrower in the pregnant than in the non-pregnant condition; with the result that in no field of medicine do we more frequently see women pass from apparent health into the pathological state".

Good prenatal care is designed to

minimize the discomforts and perils of pregnancy, labour, delivery, and the puerperium, so that the mother and her child may come through this ordeal in a healthy condition, able to continue life happily and successfully. Evidence is conclusive that a large share of maternal mortality can be prevented by good prenatal care. The public must be made to realize its importance and women must be taught to seek its protection as early in pregnancy as possible. Prenatal care should really begin before the expectant mother herself comes into being. If she has been lucky enough to have had healthy parents a good start in life is assured and, if she continues in good physical and mental health until young womanhood, we may safely say that she is ready for matrimony and childbearing.

A prenatal clinic can be located in the maternity department or in the outdoor department of a general hospital. Sometimes it is advisable to place it in the crowded districts of a city so that it may be easily reached by the patients without undue effort or cost. The dressing and examining rooms should be arranged to afford the maximum of privacy and comfort. A small well-equipped laboratory should be located in, or near, the department.

Not all doctors or nurses pause to consider what an ordeal it is for a patient to undergo a physical and pelvic examination. It is a good plan to have in attendance at the prenatal clinic a staff physician who, while directing the work, will keep the interne and medical students under observation. The head of the nursing service should be a nurse of mature years who has had previous experience in obstetrical nursing and has a sympathetic understanding of prenatal work. Student nurses should be taught to be especially tactful and gentle when caring for these patients.

In the prenatal clinic the responsibility for teaching is shared by the physician, the social service worker, the dietician, and the nurse, and should be planned and correlated to prevent duplication of effort. Advice is given regarding prenatal hygiene, diet, and the care of the excretory organs. The expectant mother is shown what clothes to get ready for the baby and could even be taught to make the layette. A table is set up with all the articles needed for the infant's daily toilet; these are as simple as possible so that they can be easily cleansed and purchased at very little cost. Attractive posters are exhibited, stressing important points in the care of infants and literature dealing with the care of the new baby is provided. Nutritional teaching is given by the dietician, stressing the value of the right foods in relation to the health of the mother and her unborn child. She is also helped to plan menus in relation to cost and availability.

However, in spite of the best prenatal care, certain complications do arise during pregnancy. These require immediate recognition and prompt treatment and it is important that the nurse should be informed concerning them.

Pernicious vomiting is a toxaemia of early pregnancy. An accumulation of toxic materials in the blood of the pregnant woman lead to a general poisoning of her system and especially to destructive changes in the liver and other vital organs. The presence of a living child in the uterus is a predisposing factor and the removal or death of the child will result in almost immediate improvement of the mother. The main symptom is vomiting; other symptoms are pallor, exhaustion, loss of weight, dehydration, nervousness, restlessness, salivation, hematemesis, fever and rapid pulse. The patient should be placed in bed in a quiet, airy room, preferably in the hospital. Avoid any suggestion of vomiting by keeping the emesis basin out of sight. Mild sedatives are ordered, usually per rectum. Fluids are given

freely by mouth, and by injection. A high carbohydrate and low fat diet is prescribed in liquid or in solid form, whichever is better retained. Quantities must be small and served frequently and attractively. Keep tempting food, covered, always within the patient's reach. Urge her to eat although vomiting; some food will be retained. Sips of champagne, bismuth and soda, or milk of magnesia may also help her to retain food. In some cases, everything by mouth is withheld for about 48 hours and the patient is given nourishment and fluids by means of intravenous injection. Colonic irrigations are administered upon order. The administration of emmenin has produced good results in some cases and insulin is sometimes given to help the patient to utilize sugar. Termination of pregnancy may be indicated but only as a last resort and if the patient fails to improve under treatment. In establishing the latter point the physician will rely upon the nurse to aid him by her continuous, intelligent, and accurate observation of the patient.

Extra-uterine pregnancy is a pregnancy outside the uterus, either in the tube or ovary or even in the abdomen. The cause is usually an inflammatory condition or congenital anomaly of the appendages, either of which might prevent the passage of the fertilized ovum down the tube. The symptoms are (1) a short period of amenorrhoea (usually followed by irregular and scant menses) and other presumptive signs of pregnancy; (2) pain, sharp and stabbing, in the lower abdomen, usually to one side; (3) vaginal bleeding (seldom profuse) when the uterus may shed its decidua; (4) internal bleeding, accompanied by systemic symptoms of blood loss; (5) internal pelvic examination may reveal an enlarged uterus and a soft, tender mass in the region of the tube. The physician should be called at once.

If the systemic symptoms of blood loss are severe, raise the foot of the bed from 2 to 3 feet. Shave (or clip) and cleanse the genitals with soap and water, keeping the vaginal os covered while so doing. Sterile vaginal pads and a T-binder should be tightly applied. Apply external warmth and give the patient warm fluids. Save all vaginal discharges for examination by the physician. A laparotomy to remove the pregnancy and the ruptured tube is urgent in most cases. Blood transfusions and saline intravenously may be administered to relieve systemic symptoms.

The attachment of the placenta in the lower uterine segment, instead of, as normally occurs, near the top of the uterus, is termed placenta praevia. This situation, when the cervix begins to dilate, gives rise to unavoidable haemorrhage. The symptoms are (1) vaginal bleeding (bright red blood) and systemic symptoms of blood loss; (2) the absence of pain is a principal factor in the diagnosis. The physician must be called at once. If the bleeding is profuse apply sterile vaginal pads and a T-binder; reinforce these as necessary *but do not remove them.* If the bleeding is not profuse, before applying the pads and binder shave (or clip) and cleanse the genitals with soap and water, keeping the vaginal os covered while so doing. Apply very tightly a strong Scultetus binder. Get everything ready for delivery and be prepared to deal with severe bleeding and sudden collapse. Various methods are used to check the haemorrhage, either by means of firm pressure applied to the bleeding placental site within the uterus while awaiting delivery, or by effecting an immediate rapid delivery. In either case, upon delivery, drugs are given to keep the uterus contracted. One method commonly used in dealing with this emergency is that the membranes are ruptured and then a Scultetus binder is tightly applied so as to force the presenting part of the baby and the placenta against the bleeding placental site; sterile vaginal

pads and a T-binder are also applied. Eventually the patient will go into labour and will be delivered normally. Another method is to ensure rapid delivery by means of a Caesarean section operation. In all cases of placenta praevia there is grave danger of puerperal infection due to the close proximity of the placental site to the vagina and the possibility of infection having gained entrance during the operative procedure.

Eclampsia is a toxaemia of late pregnancy. The presence of a living child in the uterus inaugurates changes in the body's metabolism which produce toxins. These toxins bring about secondary changes in the nervous system, liver, kidneys and eye-grounds. They also affect the child and may cause its death in utero. The patient must be constantly watched for the early symptoms which are oedema and an abnormal gain in weight, increasing blood pressure, and albumin in the urine. Symptoms which indicate approaching eclampsia are restlessness, insomnia, headache, spots before the eyes, blurred vision, nausea and vomiting, pain in the epigastric region. The nurse should try to prevent convulsions by eliminating any noise whatsoever, sudden or bright light, cold air or draft, and unnecessary or vigorous handling. The patient's chance of recovery depends upon keeping her quiet and, since a certain amount of disturbance is unavoidable in the giving of treatments, there is even more need for absolute quiet at other times. The necessary bedside care and treatments should be grouped together as much as possible.

The intramuscular administration of 10 c.c. of a 25% solution of magnesium sulphate, in combination with morphine gr. ¼ given hypodermically, has been found of great value in the treatment of eclampsia. Catheterization may be necessary for purposes of diagnosis and prognosis and a high colonic irrigation may be ordered. Sweating is encouraged by a warm room and light blankets. If labour has not begun it must be induced within 36 to 48 hours after the convulsions are controlled, unless the foetus has died in utero. If labour is contraindicated, a Caesarean section may be done. Local anaesthesia, nitrous oxide and oxygen, with or without ether, are the anaesthetics of choice. Never use chloroform.

A patient suffering from eclampsia should never be left alone. During a convulsion, prevent self-injury by placing pillows to keep her from striking any hard, immovable object. She should not be needlessly restrained. If she should happen not to be in bed when a convulsion occurs do not attempt to move her until she is quieted by sedation, provided she can be protected where she lies. If unable to get medical aid, give the patient morphine gr. ¼ if obtainable and repeat in 3 hours; if she is not quiet within one hour after the first dose repeat it at once and possibly again within 3 to 4 hours if required. Prevent her from biting her tongue by placing a gag between her teeth. If she is unconscious, guard against inhalation of saliva or vomitus. If she is conscious, give her measured water or milk about every hour. Have a timepiece, pencil and paper ready and note any change in condition or behaviour; record her pulse and respiration every hour and the axillary temperature every four hours. The blood pressure should also be recorded as ordered. The exact time, duration, and nature of the convulsions must be accurately noted, and the intake and output carefully measured. Watch carefully for any signs of the onset of labour, and keep the genitals surgically clean, thus guarding against infection at a time when resistance is low.

(*to be continued*)

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Minimum Requirements for Employment in the Field of Public Health Nursing

The following recommendations regarding minimum qualifications for nurses employed in the field of public health nursing have been approved by the Public Health Nursing Section of the Canadian Public Health Association and the Public Health Section of the Canadian Nurses Association. These requirements will be considered valid until 1946.

Academic qualifications: A staff nurse, supervisor, assistant director, and director should have pass matriculation, and a higher educational attainment is desirable.

Personal qualifications: A staff nurse should possess good physical health; emotional stability; sound character; pleasing personality; good judgment; an enquiring mind; an interest in and an understanding of people; the ability to get along with people; a well-developed sense of responsibility; resourcefulness and an ability to organize her work; tenacity of purpose with ability to adjust to the demands of a situation; initiative. Supervisors should possess all the qualifications mentioned as desirable for a staff nurse and, in addition, the capacity for leadership. Directors and assistant directors should possess marked executive ability in addition to the qualifications noted as being desirable for supervisors.

Professional qualifications: An applicant for the position of staff nurse should hold (a) a diploma in nursing from a recognized hospital or university school of nursing; (b) a certificate or diploma in public health nursing from a recognized university school or department. These may be obtained from one and the same university. The applicant should be registered in the province or state where her training was received and should be eligible for registration in the province where employment is sought. She should be a member of the Canadian Nurses Association.

Preparation for the field of public health nursing should be secured through (a) from two to three years of study in a hospital school of nursing followed by one year of special preparation in public health nursing; *or* (b) a well-integrated training of between three and four years, with emphasis upon preventive teaching throughout, and including specific teaching in organized public health work.

Emphasis should be given throughout the course to the preventive and constructive aims of nursing and, by means of the student health service, a personal application of the principles of preventive medicine should be made. During ward practice, emphasis should be placed upon prevention in the following services: medicine, including syphilis

and gonorrhoea; surgery; obstetrics; out-patient department and hospital social work; pediatrics; communicable diseases; psychiatry. In all these services, mental as well as physical needs should be recognized in nursing care.

Health aspects should be stressed in the teaching of basic subjects such as medicine, surgery, and obstetrics. A study should be made of preventive medicine (lectures and laboratory), public health nursing, teaching procedure, social work, nutrition, oral hygiene, mental hygiene, and psychology. Contact with community health services should be maintained throughout the undergraduate course. A minimum of three months of practice, including experience in a municipal health department and a visiting nurse organization, should be afforded the student. Preferably she should also be given experience in a rural field. Preparation for the practice of public health nursing should aim to develop in the student the qualities of initiative and independent thought.

The basic professional qualifications for a supervisor are the same as those outlined above for the staff nurse. In addition, she should possess a minimum of from two to four years of diversified experience; at least one of these experiences should have been obtained in a public health nursing agency where adequate supervision is provided. The supervisor should have a technical knowledge of the specific field to be supervised. Special training (both theoretical and practical) in the field of supervision is desirable. The assistant director should possess the professional qualifications outlined for a supervisor. In addition she should have had satisfactory supervisory experience, preferably with more than one organization. Additional post-graduate experience is desirable. She should also possess executive and administrative qualities and a technical knowledge of the specific field. The director should possess the professional qualifications outlined for an assistant director and should have taken additional post-graduate work. Marked administrative capacity and business ability are necessary.

The nurse who must work alone must possess the professional and academic qualifications outlined for the staff nurse. In addition she should possess maturity of judgment, the ability to organize the community and to maintain sustained interest, together with an aptitude to work with lay and professional groups along health lines. She should have given satisfactory service on a supervised staff for a period of at least one year.

Recommendations:

1. That attention be called to the possibility of securing preparation for the public health nursing field through the newer method outlined above, although it is recognized that, at the present time, facilities for this type of preparation are limited.

2. That consideration be given to the establishment of public health nursing internships. Internship is a plan whereby an inexperienced nurse, immediately following her basic preparation for public health nursing, would have an opportunity to spend from four to six months with an adequately supervised public health nursing agency. Because of the training and the intensive supervision inherent in internship, the salaries of interns would be considerably less than the salaries of the regular staff.

3. That the Canadian Public Health Association should prepare a health report form to be used by employing agencies when considering the employment of new workers.

4. That the Provisional Council of University Schools and Departments of Nursing be asked to draw up a suitable form for use in requesting a confidential report on the professional training

of the graduate nurse applying for admission to a graduate course in public health nursing in a university school or department.

5. That the study committee of the Public Health Nursing Section of the Canadian Public Health Association be asked to draw up: (a) a suggested application form for use by an employing agency suited to candidates with all types of public health nursing preparation; (b) a confidential report form to be used by an employing agency when asking for a report from an organization where the applicant has been formerly employed.

The U.S. Cadet Nurse Corps

The August issue of *The American Journal of Nursing* contains a most interesting article written by Lucile Petry, director of the Division of Nurse Education, United States Public Health Service. Miss Petry describes the establishment of the United States Cadet Nurse Corps which, by virtue of an Act recently passed by Congress, provides sufficient funds to give assistance to every student nurse who wishes to prepare herself for nursing as a national service.

This Act is designed to increase the available nursepower of the United States by preparing more nurses more rapidly. In order to participate in the program, any given school must provide essential instruction and experience in from twenty-four to thirty months and, at the end of that period, either retain the students in the home hospital or leave them free for assignment where needed during the remaining time required for graduation. A large proportion of the senior cadet nurses will doubtless be retained in the home hospital although it is hoped they will "live out" and thus leave room for the expanding enrolment of precadet and junior cadet nurses. The assignment to supervised experience, whether to the hospital connected with the home school, or to other civilian hospitals, or to federal hospitals, must meet the home school's requirement for graduation and the State requirement for registration. Federal funds may be used to pay hospitals for the maintenance, during the first nine months of their training, of all students who join the Corps. During this period, students will be known as precadet nurses and a stipend of $15 per month will be paid them from the Federal fund. The next fifteen to twenty months is called the junior cadet period, and a stipend of $20 per month will be paid from the same source. The senior cadet period is that part of the basic nursing preparation which follows the twenty-four to thirty months of combined study and practice arranged for precadet and junior cadet nurses. A stipend of at least $30 per month will be paid to senior cadets, during the remaining months of the training period, by the institution which utilizes their services.

After it is known how many senior cadet nurses are to be assigned to federal nursing services, the number of senior cadets to be retained in the home hospital will be decided by the home school. The home school will also be responsible for arranging supervised experience for senior cadets assigned to other institutions. Members of the Corps are privileged to wear a distinctive outdoor uniform.

HOSPITALS & SCHOOLS *of* NURSING

Contributed by the Hospital and School of Nursing Section of the C. N. A.

A New Deal for the General Staff Nurse

ISABEL BAIRD

Medical and nursing authorities are sometimes given to consider the education and subsequent professional life of the nurse from opposite poles. Dr. Hugh Cabot of Boston, writing regarding the future of the nurse, feels that the nurse of tomorrow will be a highly specialized person with much theoretical knowledge and carrying the title of Bachelor of Medicine, while Dr. Robin C. Buerki of New York, speaking at an institute for hospital administrators regarding the teaching of nurses, having exhausted all other means at his disposal in order to discourage any addition to their knowledge, leaned over the speaker's rostrum and said: "Ladies and gentlemen, it is not necessary that a nurse carry the title of Ph.D. in order successfully to carry a bed-pan". Fortunately, there is a happier medium.

Industrial psychology teaches us that boredom must be eliminated before we can expect efficiency, and I suggest that we have a problem of boredom on the part of our graduate nurses and that too little attention has been paid to this necessary and important worker. Let us see what is expected of us as her employers. Upon application for staff work, this nurse should be entitled to kindly consideration. A careful study should be made of her qualifications ascertaining, if possible, the "job interest" whether it be obstetrics, pediatrics or surgery, for "where the heart is so shall the hand be also". There should be definite outlines as to hours of work; salary scales; vacation; sick leave; opportunities for advancement; staff programme, professional, social or both.

May I suggest a workable plan, combining social and professional activities: the formation of an executive committee composed, shall we say, of the assistant superintendent of the hospital, the superintendent of nurses, and one supervisor designated for recreational work. I stress the need for such a committee because, no matter how high our enthusiasm is at the time of discussion, the press of work crowds out our programme and we find that we never establish it. With such a committee, bearing authority and prestige, we are assured that results will be forthcoming.

As a rule, we are most careful to see that our supervisors attend nursing and hospital meetings, but are we quite so careful about our staff nurse who, we must remember, is also a qualified person, whose interests must be fostered if we are to expect the best in professional work from her. It has been my custom to have the graduate group organize themselves and appoint representatives,

who take their turn in attending such meetings. I have even been brash enough to leave the supervisors at home and take a senior student and a graduate staff nurse—this takes considerable courage. Many hospitals have found that the services of a paid recreational director is of inestimable value in the reduction of turnover—our old friend psychology again, who tells us that those who are content seldom wish to move. Encourage refresher courses where you are sure there is ability. Too often we rush the nurse off to "refresh" or "post-graduate" because, to quote Emily Post, "it is the thing to do".

I would be rash enough to predict that, if we can create contentment among our group, our patients will be well taken care of and our turnover will decrease considerably. If there are any funds available for this work, so much the better, but it is amazing how much material can be had just for the asking. May I suggest some areas to be explored and relate my experiences with this type of programme :

1. Have your committee contact some local professor of English, either high school or university, with a view to reviewing the latest book of fiction—this can be a most interesting evening.

2. Use some of the latest books on quiz questions—arrange teams, captains, prizes and ask the alumnae association to provide refreshments. This is fun and also brings the nurse up-to-date on current events.

3. Visiting artists are always willing to entertain the nurses, if you will contact them personally. Some of our best artists, such as Lawrence Tibbett, have been more than willing to do this, and have wondered why they had not been asked before.

4. Invite a lawyer for an informal round-table talk on questions pertinent to a nurse's work. Today, the law is making some changes in decisions, and are drawing definite lines of distinction between the responsibility of the nurse, the doctor and the hospital.

5. Ask your purchasing agent to arrange a tour of the store rooms some evening. Nurses work with all types of expensive equipment and seldom know its cost, where it is manufactured, or how it is stored.

6. Ask your superintendent of nurses to give an evening's instruction and demonstration in parliamentary law, as it relates to the various procedures of public meetings. Nurses often stay away from meetings because they are reluctant to take part in these forms of procedure.

7. Form teams for tennis, bowling, swimming, in which all members of the hospital staff may take part. This assures a good time and also provides an opportunity to become acquainted with the other members of various departments. It is amazing what a little friendliness will do toward total co-operation.

8. Invite a stylist from one of your large department stores to tell the group what to wear and how to wear it. This evening was thoroughly enjoyed by our group and a very amusing incident came out of it. Having described in detail just what dark and fair types should wear, as to colours and styles, the stylist turned to the subject of hair dressing and, turning to me, said : "This is the most difficult type in the world to dress—the woman with the salt and pepper hair". She then turned her attention to the short dumpy type of woman, who it is claimed always wears hats that have no crown or feathers that would give them height and dignity. There was one such individual in the audience, and the following day I met this person in town, coming toward me with a very determined expression on her face and considerable speed in her gait. When asked if she enjoyed the previous evening's entertainment, she replied, "Yes, Ma'm, I'm searching for one of those feathers".

GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association

An Orthopaedic Time-saver

M. E. Rogers

The old adage of "necessity is the mother of invention" is still true. Daily work in nursing, as in other walks of life, produces many needs and results in many time and energy saving devices. We have often wondered how doctors could possibly think up so many unexpected things to use in orthopaedic work. Many a time there has been a desperate hunt for some article in this corner or that, in the splint room, the carpenter shop, or the surgery. We have all been through that experience more than once but during the past year we have largely solved the problem by means of an orthopaedic carriage.

By trial and error, suggestion and demand, we now have what we consider a fairly adequate supply cabinet, which we call our "traction carriage". This is a wooden cabinet on wheels containing almost everything one could desire for ward adjustment in fracture cases. Although kept in a central supply room it may be wheeled to the various wards as the need arises. In going through it the other night, it seemed to me that one could do anything from putting on a splint to erecting a clothes-line, provided one had some poles or their equivalent. However to come down to bare facts it is one of the most useful articles we have at the present time.

The cabinet is fifty inches wide by forty-two inches in length and thirty-five inches deep. It is on wheels and is enameled to facilitate cleaning. The top has an unenameled strip fifty inches wide by one inch deep which has been marked as a ruler. At the left end is a handle and a protected adhesive tape carrier. At the right end are two doors which, when opened, reveal a pile of ropes of various lengths for extension purposes, and a Middlesex roll for padding Thomas splints. Each drawer is divided into compartments; there is a long narrow space for hammer, saw, screw driver, and small ones for tincture of benzoin, nails, pins, etc. A list of contents may be found below:

Assorted widths of adhesive; assorted lengths of rope; scissors and razor; assorted elastic bands; tincture of benzoin; safety pins; tongue depressors; chin straps; canvas boots; assorted foot-pieces; assorted splints; spreaders; Middlesex dressing roll; hammer and nails; tape measure; screw drivers; large chart clips; knife sharpener; saw and pliers; assorted weights; copper wire; absorbent and non-absorbent cotton; sheet-wadding; Elastoplast; wedges and felt blocks; assorted bandages; stockinette.

We pass this idea on in the hope that you, too, may find your work lightened in a similar manner during these busy days.

N.B.A.R.N. Annual Meeting

The annual meeting of the New Brunswick Association of Registered Nurses was held recently in Saint John. A very satisfactory number were in attendance, considering the difficulties in travelling and all parts of the province were well represented. Sister Kerr, in her presidential address, spoke of the past year as an exceptional one, and stressed the need of the interest and co-operation of every nurse in the Association. The secretary-registrar presented a detailed report of the year's work. Sister Kerr, who was our representative at the Executive Meeting of the Canadian Nurses Association, gave a comprehensive and well prepared report which was discussed, clause by clause, giving a very clear picture of the work accomplished.

The afternoon was devoted mainly to health insurance and Dr. A. S. Kirkland gave an address on this subject that greatly interested his audience. Many questions were asked and discussion followed. Miss B. L. Gregory, convener of the health insurance committee, presented the nursing aspects and pointed out the challenge of providing a nursing service.

Following the report of the convener of the legislation committee, discussion of the control and training of the subsidiary nurse took place. A committee was appointed to make a survey of the material now available with a view to proper classification, preparation and control of the subsidiary worker. The report of the Public Health Section was read by the convener, Miss Muriel Hunter. After summarizing the number and location of nurses doing public health nursing in New Brunswick, she stated that the Department of Health is ready to expand nursing service but that there are not sufficient prepared nurses available. To stimulate this preparation, the Department of Health is offering scholarships for a one-year university course. The report of the disposition of the 1942 Federal Grant was read by Miss Law. Besides bursaries, there has been provided an institute for staff nurses, lectures in psychiatry, the services of a travelling dietitian, and a travelling instructor for training schools where needed.

The reports of the Chapters showed a great deal of activity during the year. Fredericton, Moncton and Saint John each sponsored a program for Nurses' Week which proved very satisfactory at all three centres. Following the report of the convener of *The Canadian Nurse* committee, plans were made to secure fifty new subscribers.

A motion carried that the resolution of 1942 regarding courtesy registration be extended for another year and to include graduate nurses eligible for registration in their own state or province at the time of graduation. The resignation of the first vice-president, Miss Lois Smith, was accepted with regret. Miss Marion Myers was appointed first vice-president and Sister Anne de Parade, councillor.

At a very successful banquet, Mr. A. W. Trueman, M.A., superintendent of Saint John Schools, was guest speaker and chose as his subject, "The Nurse as a Citizen".

ALMA LAW
Secretary-Registrar

A New Appointment

Her recent appointment as superintendent of the Victoria Public Hospital in Fredericton takes Hilda M. Bartsch back to her beloved Maritime Provinces. Miss Bartsch was born and educated in Saint John and took her professional training in the Montreal General Hospital School for Nurses. She also holds the certificate in teaching and supervision conferred by the School for Graduate Nurses of McGill University. For three years, Miss Bartsch served as fourth assistant superintendent and clinical supervisor in the Vancouver General Hospital and, prior to her recent appointment, was instructor in the Alexandra Hospital in Montreal. This thorough preparation and valuable experience in both the teaching and the administrative field will assure her success in the important task she has been called upon to assume.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

A Government Grant

Among the estimates passed by Parliament prior to prorogation late in July was an item presented by the Department of Pensions and National Health by which the Canadian Nurses Association receives a grant amounting to $250,000 for the year 1943-1944. This grant is in response to a request made to the Government by the C.N.A. in November 1942 when the following proposed budget was submitted:

1. Administration for the Wartime Programme $25,000
2. Bursaries for the special preparation of graduate nurses as teachers, supervisors and administrators in Schools of Nursing and in Public Health Nursing $40,000
3. For recruitment of students for Schools of Nursing in support of undergraduate nursing education; and for departments of nursing in universities and public health nursing organizations in support of postgraduate study and experience $185,000

The sum of $185,000 is to be divided among the provinces for expenditure according to a budget prepared some time ago by each provincial association of registered nurses and which was submitted to Ottawa in May 1943.

The approximate amount that each province is to receive is:

Alberta	$15,000
British Columbia	20,000
Manitoba	15,000
New Brunswick	6,500
Nova Scotia	10,000
Ontario	60,000
Prince Edward Island	3,000
Quebec	40,000
Saskatchewan	12,000

As these *Notes* are being prepared, the Bursary Award Committee has completed the difficult task of considering 158 applications for bursaries by graduate nurses who wish to obtain financial help in order to secure a year's study (1943-44) as offered by university departments or schools of nursing in Canada. The sum of $33,000 was earmarked for bursaries for the year course, while $7,000 is to be used to help gradute nurses who are unable to be released from their present positions for an entire year, but for whom arrangements for a few months absence can be made; these latter nurses may enrol for short courses as offered by universities and by hospitals. (Please see these *Notes* in issues of the *Journal* for May and June 1943).

The Canadian Nurses Association is indeed very grateful to the Honourable the Minister of Pensions and National Health and to the Director of Public Health Services for sponsoring the application of the Association for a grant of $250,000. The acceptance of this grant from the Federal Government places a tremendous responsibility upon all members of the Canadian Nurses Association so that nursing services in all fields in Canada will benefit most by this financial support.

A Message From Australia

Soon after the loss at sea of the Australian Hospital Ship "Centaur" due to enemy action was announced, the following cablegram was sent to the secretary of the Australian Trained Nurses Association: "The Canadian Nurses Association sends its sympathy in the tragic loss of Nursing Sisters serving with the Centaur and wishes to express its sincere admiration for all Australian nurses." Early in August, a letter from Miss E. P. Evans, secretary, A.T.N.A., (dated June 23) reached National Office: "We were much touched by your thought for us and your sympathy with us and the relatives of the Nursing Sisters who were lost when the Hospital Ship Centaur was torpedoed. We are still overcome with horror of the deed and amazed that in this stage of civilization there could be a people capable of such savagery — a violation of every law of humanity and decency. I am asked to convey to you the thanks of the relatives of the Sisters — they deeply appreciate your kind message."

The M.A.R.N. Makes a New Appointment

Margaret Street has been appointed to succeed Gertrude Hall as executive secretary and school of nursing adviser for the Manitoba Association of Registered Nurses. Miss Street holds the degree of Bachelor of Arts (University of Manitoba), and also the collegiate certificate in teaching granted by the Provincial Normal School. She is a graduate of the School of Nursing of the Royal Victoria Hospital in Montreal, and has taken the course in teaching and supervision offered by the McGill School for Graduate Nurses. In addition to this thorough academic and professional preparation, Miss Street has also had the type of experience which will be most useful to her in her future work. For two years she served as instructor in the School of Nursing of St. Joseph's Hospital, Victoria, British Columbia, and later became assistant night supervisor in the Vancouver General Hospital. Immediately prior to accepting her new appointment, she was instructor in the School of Nursing of the Misericordia Hospital, Winnipeg.

Photo by Artona, Vancouver

MARGARET STREET

Miss Street has an excellent grasp of the science and art of nursing as well as a sound and fearless conception of the ethical principles upon which it is based. Nor are her interests confined to professional activities for she thoroughly enjoys swimming and bicycling and is devoted to music. The Manitoba Association of Registered Nurses is indeed fortunate in obtaining the services of a nurse who is so well qualified to meet the many demands which will be made upon her.

Selling Nursing

GENA E. BAMFORTH

They said: "There is only one requisite—you must believe in your product. You are to go North to the Peace River District. Then you may go to Athabasca and out the Smoky Lake way. Your last week, work home through Edgerton and Wainwright. You are to sell nursing to high school girls. You must direct the pointer to its sterling worh and long lasting qualities. You are to sell it to their parents; to women's organizations—and be sure to visit all the rural hospitals." It was the Alberta Association of Registered Nurses talking again. They had spoken before to another nurse and sent her to different parts of the Province. The results had been encouraging.

Potential student nurses have so many open doors to opportunity. Beckoning fingers paint pictures of a life as colourful as a mural. Nurses' fingers must paint a picture equal to it, if not better. We shall talk about high schools first. They differ not from the days when we were there. There is the same time-table in one corner of the blackboard. The seats are the same. The pupils look like we did. Pens are still chewed—tête-à-têtes go on during classes. It is still school and we wished we could go back. Only towns where complete high school was taught were visited. During our period, all the boys had a "spare". The girls assembled in one room and, when space prevented, the boys were obliged to remain, supposedly to study. They proved to be interested listeners and gazed with envy at the girls, who were being shown an open door. The teacher always remained; it was the principal, usually, if there was a choice. We were stimulated by their remarks as to the value of our talk.

As we had been assured—nursing was easy to sell. We told the students about the educational requirements for Alberta schools (we were working only for our Province) but senior matriculation was urged. The eleven schools of nursing were named. We told about the relative cost, and what students might expect to receive. Health standards were emphasized. We told them about training, its joys and sorrows and how everyone is not suited nor does everyone like it; we did not wish to build false hopes. Opportunities after graduation were named, one by one, and a short synopsis given of each. Interest was keen. The classes sat quiet for over half-an-hour. Then they asked questions, as if in quest of more. We counted those interested. Our figures seem too high but others doing the same thing found similar response. Nursing holds a great appeal to many fine young women. We feel safe in saying that Canada can get enough nurses of the right kind.

In all towns enquiries were made about organizations and persons whom we deemed important. Among these were the executive members of the I. O. D. E. and the women's institutes. The storekeeper of the largest grocery knew all the answers. He never failed to be of service. Once, he directed us to the ladies' aid meeting where, said he, "you will find every woman in town." We believed him but found he erred—he forgot to mention the babies and preschool age children. Twice we happened along on the same day as the ratepayers' meeting. It was "election of officers" meeting and nominations were left open one half-hour by the clock. We were permitted a period during this interim and here we had the fathers as well as the mothers. We knew when we were selling our product for every head

nodded in assent. We varied our remarks to these adult groups. We wanted them to know the safety into which they sent their cherished child. We wanted them fully to realize that we have long since passed the 7 a.m.-10 p.m. era (many questioned just that). We wanted them to see the opportunities lying ahead.

Our part in these meetings seems irrelevant, compared with what we brought away. There was that arrogant gentleman who had not bothered to attend several rate-payers' meetings. Nor had he bothered to read the bulletin posted for three months in the post office. However, had he but known of the sale, "no one would have got that old school house for a paltry two hundred dollars". Then there was the ladies' aid who were planning an Irish supper. No one was enthusiastic and no one spoke. Then, the motion was made that it be cancelled. But no! they must have it, otherwise the town was devoid of social life. What should be served? Still no one spoke. It got beyond our forebearance. We said, "why not macaroni and cheese—neither is rationed". We wonder if anyone questioned an Italian dish on an Irish night! Personal interviews filled many moments and our clientele were most cordial. Local organizations can do little but we scattered seeds among many who come to provincial meetings.

The rural hospitals can be divided into two classes: those built and managed by the municipality and those directed by the Sisters of a Roman Catholic Order. Nursing service in rural hospitals has been disrupted by rapid changes in personnel. At present, and for some time in the past, there have been too few nurses to carry out the routine work which has increased in volume. This increase can be attributed to two reasons: (1) the people have more money; (2) the only doctor (many serve 7000 to 10,000 persons) lives in the locality where the hospital is situated and brings in all the critically ill so as to facilitate his work. We must realize that the health of the nation is cradled in these rural units. Should these hospitals be closed, due to lack of nursing staff, an increased load will be forced on the already busy city hospitals. In addition, were the hospital to close, the doctor would in all probability leave the community. The people, then, would be, as Kennethe Haig stated in The Winnipeg Free Press—"dependent on the almanac for medical advice." Many towns are without a doctor. Some are fortunate in having a married graduate nurse. These women are at the beck and call of the district and we marvel at their courage. We are aghast at the hours their door bell rings, the days and the nights that they serve. Let us pay tribute to these fortunate nurses, who married soon after graduation. They do many a hard task well, sans remuneration, sans personal consideration, sans adequate appreciation—sans everything.

Returning to the hospitals—for the nurse, it would seem that the advantages of living in the city have been emphasized. Nurses refuse rural positions due to lack of social life, lack of special experience, lack of living standards. Of these three, social life is a personal matter; the experience is as broad as the opportunities of nursing. The nurses' quarters, while often found in the hospital, are modern in every detail. In fact, the hospital is frequently one of the few buildings, sometimes the only building, with modern plumbing. Whether we like the idea of it or not, rural hospitals are suffering a crisis, more severe than any city hospital in Alberta. The only feasible answer seems to be the placement of our young graduates in these hospitals, for a period, say, of not less than six months. It is they who are free from an apartment and its furnishing; it is they who might profit most. The experience would be as valuable as

any clinical post-graduate course. As a wanderer, in a different town every day, we wonder if these hospital people know how we enjoyed them. Their understanding was beyond anything met before. They knew of the tour. Telephone conversation would be : "Come for dinner, and come up in time for a bath!" Being a nurse, never let it be said that we under-rate a meal. But the matron, knowing the country hotel, knew a luxury de luxe.

We seemed to have wandered from our "Selling of Nursing". However, we never lost sight of it. We told the hospital staff our "planks" so they might do follow-up work. While in Grande Prairie, the morning bulletin of C. F. G. P. gave us an interview. This is a small radio station, but all the Peace River District listens to it. We were surprised, later, how far-reaching had been our remarks. Weekly newspapers were also of great aid in the publicity programme. Many ran stories of nursing and others mentioned the tour.

Alberta feels that active recruiting of student nurses is most valuable. No province should have any fears in launching such a programme. Teachers love to have a spare period. Students consider you an angel from heaven, if you postpone that "Chem. test", or even obliterate an analytical geometry period. Sometimes, the night before, you can ascertain the best period from a potential nurse. Go when she asks you—it sells nursing!

A Tribute to Margaret Dulmage

Greatly to the regret of her colleagues and her students, Margaret Dulmage has decided to withdraw from the position of instructress of the preliminary students in the School of Nursing of the Toronto General Hospital. Miss Helen G. R. Locke, who was closely associated with her work, speaks of her thus: "After many years of loyal service to the Toronto General Hospital, Margaret Dulmage is leaving to carry on fresh activities in her loved profession. She has won for herself a place in the nursing world which is quite unique. A woman of outstanding qualities of mind and heart, she takes an active part in all nursing organizations and gives of herself and her time unstintingly. As instructress of the preliminary students, she has been untiring in her interest and devotion and most progressive in all teaching methods. Countless graduates of the School owe their success to Miss Dulmage, not only as professional women but as strong Christian characters. As a friend, her

Photo by Norma Featherstone Cowley
MARGARET DULMAGE

rare qualities shine forth with a lustre which will never be dimmed. True, unselfish, understanding and generous almost to a fault, with a keen sense of humour, her greatest happiness is being of service to others".

And now the *Journal* would like to say a word about Margaret Dulmage. Although she does a tremendous lot of valuable work in various nursing organizations she always finds time to do a grand job as the convener of *The Canadian Nurse* circulation committee of the R.N.A.O. It is a tough piece of work and it is a profound satisfaction to know that she is going to stay with it.

Instructors Workshop

GRACE SPICE, B.S.

We moved back into school desks when we gathered at Gordon Bell School for our "instructor's workshop". Some of the seats slid off at a beautiful angle and some tilted back at a beautiful angle, but there were only seventeen of us on our best day so we had ample choice of desks. Why a schoolroom of all places? Because Miss Keeler said we'd need lots and lots of blackboard space to put "objectives or desired outcomes and previews" on. How truly she spoke only she knew, because she was the only one who had been through an instructor's workshop before. Miss Keeler is director of nursing education in the University of Manitoba.

We moved into an unoccupied room three days before classes were dismissed and most of us commented on how noisy adolescence is, which shows that although we've been living with adolescence in schools of nursing we don't expect it to be noisy! Miss Keeler had worked out the objectives for the workshop just to show us how it was done and we docilely adopted them. Nothing less sanguine than:

1. Acquiring appreciation of the need for developing courses in the nursing curriculum in terms of skills, ideals and appreciations; understanding the role of major and minor objectives; practice in formulating objectives for the different courses.

2. Developing knowledge and skills in organizing the courses into units of learning so designed as to give the learner control over the various nursing situations; practice in setting up such units and in formulating objectives for them.

3. Developing thorough understanding as to first-year qualifying examinations; knowledge of their purpose and ways and means of implementing this information in order that the qualifying examinations will be more functional.

High hopes for six days including all Saturday afternoon!

None the less (being disciplined individuals) when Miss Keeler told us that the first step toward implementing these objectives was to form five groups from our number, each group dedicated to working out objectives for one of the five subjects tested in the qualifying examinations, we did so without too much trouble. Having not one dietitian in our midst, we relegated nutrition to the cubby-hole (to be considered later) that it occupies in the minds of most nurses, and really got our teeth into the subjects we were most interested in.

The "nursing arts group" was easily assembled. Those practical instructors are people who know their own minds, so Mrs. Thierry from the Misericordia Hospital, Miss Troendle from St. Boniface Hospital, and Sister Marie Reine from St. Joseph's Hospital, got together without any untoward vacillating. But science instructors, most of whom taught the whole science curriculum, found it difficult to choose one love.

Anatomy and physiology was first choice for most. "But really", said Miss Street, "we must do some work on drugs and solutions. It is out of the question to try to cover the course in the minimum curriculum in fifteen hours! I do feel . . ." "All right", I said, casting a backward glance toward the people that were rallying around the bacteriological standard that Miss Keeler was raising, "who else is going to help on drugs and solutions?" "I will", said Miss Stevenson from the Selkirk General Hospital, as she moved over to the window side of the room where the sun made our backs nice and warm. Miss Keeler let us have a ten-minute recess morning and afternoon and we went across the street for "what is known to the trade as a grand soft drink". We used straws.

Three of the Grey Nuns Sisters from St. Anthony's Hospital, The Pas, and St. Boniface Hospital, distributed themselves among the three sciences. Sister Marie Bernard from The Pas came to us and brought with her the objectives that Miss Keeler had suggested we all make out before coming to the workshop. To the "bacteriology group" were attracted Sister Jarbeau of St. Boniface, Miss Barber from the Children's Hospital, and Miss Crighton of the Brandon General Hospital. Again there were murmurs of "only twenty hours for bacteriology! That's crazy! Why, for immunity alone you need . . ." The "anatomy people", who went into it with their eyes wide open, included Sister Nephveu of The Pas, Miss Carpenter of the Winnipeg General, Miss Waugh of Grace Hospital and Mrs. Koch of the Children's Hospital.

First of all, we set up objectives for each course and attacked it from the point of view of student development. These developments fell into three fields — knowledge, skills and attitudes. Surely there is no course in the nursing curriculum in which we do not expect the student to gain some knowledge. Some of our critics contend that skills are even more important than knowledge. The most progressive educators emphasize above all the importance of developing and changing attitudes.

We might take drugs and solutions as an example of how we worked the thing out. Are there any appreciations and attitudes involved in drugs and solutions? On the surface, it might seem like no. Knowledge? Yes. Skills? Yes, both mental and motor — getting the meniscus at the right place. But attitudes? Well, after some cogitating we evolved what we thought were some good ones. "Now then," said Miss Keeler, "what you do next is to divide your subject up into appropriate units". Ha! another new term! But it really needn't have been frightening because it simply turned out to be a block of related material for which you can set up objectives. We built up five units for our course in drugs and solutions and here they are with their objectives and previews in outline only:

1. *Orientation and motivation*: The objective is to lay a foundation for the later study of pharmacology by developing an interest in drugs and solutions together with a realization of the need for accurate knowledge and practical skill. The previews include an introduction to the study of drugs and a panorama of the course; a general survey of the sources of drugs and their physical preparation; pharmaceutical standards (U.S.P., B.P.); types of effect and

action; conditions influencing effect and action.

2. *Nature of solutions*: The objective is to develop a knowledge of the nature of solutions. The previews include forms of liquid preparations; true solutions; factors affecting solubility; concentration or density; methods of expressing concentration; ratio and percentage.

3. *Mathematics of drugs and solutions*: The objectives are (a) to determine by pre-test the student level of mathematical knowledge and skill basic to the preparation of solutions and dosages, also to determine by pre-test the level of knowledge of the nature of solutions; (b) in the light of results of the pre-test, to afford sufficient review and drill in the mathematics basic to preparation of solutions and computing of dosages; (c) to acquaint the student with the various units of measurement, and to give her opportunity for adequate laboratory practice in their use. The previews include (a) pre-test on fractions, decimals, ratio and proportion, percentage, Roman numerals, nature of solutions and temperature scales; (b) teaching apothecaries, metric and household system of weights and measures and approximate equivalents; (c) laboratory practice in weighing, measuring and setting up approximate equivalents.

4. *Problems in preparation of solutions and computing dosage*: The objectives are to develop a knowledge of various types of problems in preparation of solutions and computing dosage and to cultivate practical skills and self confidence. The previews include solving problems by ratio and proportion; making solutions from pure drugs; making weaker solutions from stock solutions; making solutions from tablets; preparation of dosages and use of fractional parts of tablets for hypodermic injections; children's dosage; obtaining the required dosage from the information on the label; general review and concurrent appropriate laboratory practice.

5. *Antiseptics and disinfectants*: The objectives are to ascertain by pre-test and review the student's knowledge of certain basic concepts (asepsis, antisepsis, disinfection and sterilization); to familiarize the student with the nature and specific use of certain chemicals employed as disinfectants and antiseptics. The previews include source and historical background; germicidal action and properties; physical and chemical properties; toxicology and antidotes; advantages and disadvantages with regard to specific uses. A selected list of substances is to be studied and laboratory demonstrations and experiments used to illustrate the action of certain antiseptics, disinfectants and antidotes.

All this may not sound very new or revolutionary to those who haven't taught the subject in Manitoba, but we really did something to the course as it is outlined in our Minimum Curriculum. We put it on the blackboard, unit by unit, and explained it all to our co-workers. They listened to our reasons for putting in pre-testing and disinfectants and leaving out cathartics and sedatives, and they approved of the final set-up for the course. All that we left for the individual instructor to do was to work out her lesson plans to include all the material in the preview, decide on her approach, gather her illustrative material, work out the laboratory exercises, label the bottles, and make up the problems. That's all!

Did we do this for all the subjects tested in the qualifying examinations? We certainly did. Even that poor step-child, normal nutrition, was not entirely forgotten. We secured the help of Miss Skrametka, dietitian at St. Boniface Hospital, and worked out objectives that are included in our symposium. A group of dietitians who are themselves teaching the subject, had recently worked out a very complete outline and we accepted it without demur.

Are we making the findings of this workshop available to all interested parties? Just a minute and I'll ask Miss Keeler. She says: "To be of real value, the desired outcomes and preview for courses should result from the thinking of the teacher herself, and ours can be used only as a guide by people who haven't participated in their formulation." However, our brain child will be multigraphed and a copy sent to each school of nursing in Manitoba to be used as a guide.

Administrators from several Winnipeg hospitals attended one session in which we concentrated on the third objective for our workshop. They brought their reactions to the qualifying examinations and helped us formulate some changes. And we composed some recommendations. Did you ever know a group of nurses to get together in Manitoba that didn't bring forth some recommendations? Ours are to be submitted to the board of the Manitoba Association of Registered Nurses and if the board approves them, to the boards of the schools of nursing in Manitoba. They are aimed at adjusting conditions so that a truly professional curriculum could be established in the schools.

One very important by product of the workshop was that we have what we hope are some really workable ideas for our instructors' meetings for 1943-44. We've been meeting once a month, but we have felt that while they were very congenial gatherings we weren't accomplishing much. Plans made in June usually sound better than minutes written following the event in January. So, although they may not all be carried through, here are some of our ideas: Let's visit the schools at Selkirk and Portage la Prairie for a change, instead of always meeting in Winnipeg. Let's have supper meetings instead of sitting on those hard benches in the Medical College. Let's have some of those demonstrations for teaching "tissues" or "diffusion" or "blood" set up and explained for the benefit of all. Let's invite, more cordially than ever, the clinical supervisors and see if we can't get more cohesion between the classroom and the wards.

We even have a good idea for the next workshop — a week to ten days of concentrated, co-operative thinking on that big block of material usually divided into medical and surgical nursing, diet therapy and pharmacology. So we may be seeing you again in the summer of 1944.

P.E.I.R.N.A. Annual Meeting

The twenty-second annual meeting of the Prince Edward Island Registered Nurses Association was held in Summerside recently, with an attendance of sixty-five members. Miss Katharine MacLennan, the president, gave a comprehensive review of the year's activities and an inspiring message to the nurses on the "home front". A special feature of the afternoon session was the address on poliomyelitis by Miss Margaret Pringle, Emergency Nursing Adviser for New Brunswick, now on loan to this province as travelling instructor in our schools of nursing. Miss Anna Bennett submitted a report as Provincial Emergency Adviser, augmented by reports from Sister St. John the Baptist covering the work accomplished in the schools of nursing and by Miss Catherine McDonald on general nursing. The latter reported two registries organized this year, one in Charlottetown and one in Summerside. The convener of the publications committee, Miss Evelyn McEachern, had a splendid showing in subscriptions to *The Canadian Nurse* — about seven-five percent of the members being subscribers.

Miss Lyle Creelman, of Vancouver, B.C.,

chairman of the Public Health Nursing Section of the Canadian Nurses Association, was the guest speaker at the evening session, which took the form of a dinner meeting. Health insurance was the subject of Miss Creelman's address and she emphasized particularly the place of the nursing profession in a health insurance plan. Urging all graduates to belong to a professional organization, she said: "It is becoming more imperative than ever that nurses become aware of the legislation which is affecting the nursing profession". The musical entertainment provided was most pleasing. Much credit is due to Miss Ruth Ross and Miss Georgie Brown, of Summerside, for the splendid manner in which the arrangements and programme were carried out.

Miss Katharine MacLennan was re-elected president. The other officers are: vice-president, Miss Georgie Brown, Prince County Hospital, Summerside; treasurer and registrar, Sister M. Magdalene, Charlottetown Hospital, Charlottetown; secretary, Miss Anna Mair, Prince Edward Island Hospital, Charlottetown; chairmen of sections: Hospital and School of Nursing, Miss Anna Bennett, P.E.I. Hospital; Public Health, Miss Ruth Ross, Summerside; General Nursing, Miss Dorothy Greenan, 15 Grafton St., Charlottetown,

ANNA MAIR
Secretary

A Loss to Manitoba

The retirement of Jean Houston from the position of superintendent of nurses of the Manitoba Sanatorium is a distinct loss to the Province. For almost twenty years Miss Houston has rendered outstanding service in the difficult and exacting field of tuberculosis nursing and she will be sorely missed by her patients as well as by her fellow workers.

Her first administrative position was that of assistant superintendent in the Children's Hospital of Winnipeg. After two years of military nursing overseas, she took a course in public health at Teachers College, Columbia University, and then became a member of the nursing staff of the Henry St. Settlement in New York. Later, she accepted a position as tuberculosis nurse for Monmouth County, New Jersey. This thorough training and varied experience proved to be an excellent preparation for the responsible task which she consistently carried on with characteristic Scottish thoroughness and efficiency, tempered by an unfailing sense of humour.

Miss Houston has always taken a marked interest in nursing affairs and served for two years as president of the Manitoba Association of Registered Nurses. Her many friends join her former associates in wishing her every success in whatever sphere of activity she may choose.

A Fine Record

Very much to the regret of her patients and their attending physicians, Elizabeth Carruthers has decided to close the private hospital which she and her sister have so successfully conducted in Winnipeg for several years. After taking post-graduate work at the Chicago School of Civics, Miss Carruthers took charge of the social service department in the Children's Hospital of Winnipeg and, in her dual capacity as social worker and public health nurse, she was a welcome friend and a trusted counsellor in many a crowded and poverty stricken home. Yet in spite of her many duties she always found time to take part in the activities of the Manitoba Association of Registered Nurses, first as its president and later (in a voluntary capacity) as secretary and registrar, a position which she filled with conspicuous success for nine years.

STUDENT NURSES PAGE

Convulsant Shock Therapy

MARGARET MOORE

Student Nurse

School of Nursing, Toronto Western Hospital

Shock therapy, in its various forms, is used in mental hospitals as a treatment for some types of mental disorders. The two types which have proven of real value are insulin and convulsant shock therapy, both of these making their advent in America during the last decade. Convulsant shock therapy is now being used in the more modern general hospitals in association with neuro-psychiatric out-patient clinics. The electro shock method is used. The nurse's part in the programme of the treatment is an important one, as a good deal of its success rests on her ability to recognize its possible dangers and to organize the nursing care.

The room is usually one which can be reserved for this occasion only. In this way, expensive electrical equipment is not tampered with. It includes an alternating current supply, preferably sixty cycles, but twenty-five cycles may be used with appropriate equipment. The electro shock unit consists of a means to modify the electrical impulses and to apply an exact amount of electrical power to two output leads. These leads terminate in electrodes, one of which is placed in the area of the vertex of the skull, the other on the left temporo-frontal area. Before application, the electrodes and the skin are well anointed with electrode jelly, such as is used in electro-cardiography. A metal stretcher, its wheels blocked by sand bags, makes a firm treatment table. An emergency tray is kept set up in case of complications and includes a sterile syringe and needles; ampules of coramine, adrenalin and metrazol; alcohol and fluffs.

During the actual treatment, the nurse can be of active use. The gentle art of psychotherapy can find no better use than during the interval while the patient is removing outer clothing. She is mentally ill and is facing a procedure which is by no means well-known to the general public. Much can be done to make her more receptive to treatment and thus further its result. A calm, reassuring attitude and a willingness to explain simply all questions asked gives the patient a peg on which to pin her faith.

Immediately before coming for treatment, the patient must empty the bladder and no food is to be taken for three hours before the convulsion. After removing all tight-fitting garments, shoes and metal hair accessories, she is assisted on to the stretcher-table. A pillow, rolled securely lengthwise, is placed at the

lower end of the shoulder blades and her hands are crossed on her chest. The electrodes are placed in position and a gag of firmly rolled cotton covered with gauze is placed far back between the teeth. These procedures prevent injury to the tongue and back during the convulsion and also assure a free airway. At least four attendants are necessary to hold the patient to avoid injury during the convulsion (five attendants for male patients). A nurse, her hands covered with rubber gloves, laces her fingers beneath the angles of the patient's jaw and, using this as a lever, extends the head back during the treatment. She must also note the position of the gag and any facial signs of distress. The next two attendants stand on either side, with their hands cupping the curve of the shoulder and the anterior superior iliac spine respectively. The fourth covers the patient's hands and leans her full weight just below the patient's knees to keep the legs in position. The essence of this restraint is to allow some movement during the convulsion, but to avoid dislocation or fracture at the shoulder, hip or spinal joints.

After placing the electrodes in position, the physician sets the electro shock apparatus for the delivery of a definite amount of electrical power. The final application of this power is dependent upon the length of time the remote control switch is held down by the operator's thumb. The usual length of time desired, with the unit used at Toronto Western Hospital, is two to four seconds and if a convulsion does not occur during this period, the apparatus is again regulated, so that a larger amount of power is available in the same length of time. It is seldom necessary to obtain more than one "petit mal" before the patient's requirements for a "grand mal" seizure have been determined and these requirements usually do not vary for subsequent "grand mal" convulsions. "Petit mal" convulsions have only the tonic phase of a convulsion and a momentary period of unconsciousness. "Grand mal" seizures are typical epileptiform convulsions showing the tonic and clonic phases, the patient being unconscious for at least several minutes.

At the end of the convulsion, the patient is quickly released, turned on her face and on return of her corneal reflexes, is transferred to a bed. She is covered with a sheet, blanket and protector sheet. Pulse and respirations are noted constantly and the patient is never left alone. Profuse perspiration may accompany the state of unconsciousness and respirations may be depressed. On waking, the patient is usually confused and will remember nothing of the actual seizure. The post-treatment picture seen after the first convulsion will repeat itself after each subsequent treatment and vary from individual to individual. The predominant abnormalities, on recovering consciousness, range from acute agitation and confusion to mild stupor and somnolence. At this time, it is wise to note the presence of joint pains. These should be investigated at once as fractures, both clinical and x-ray, may occur in spite of restraint. Paralysis of the respiratory centre, loss of memory, nausea and vomiting, are dangers which the physician must keep in mind. Close observation by the nurse will aid in checking the patient's reaction to each treatment.

Convulsive shock therapy is indicated in the affective disorders and the greatest benefit derived from the therapy is seen in the depressions. In the out-patient department of a general hospital, the candidates are mainly those who do not, as yet, require mental hospital supervision, and one might consider, in addition to the affective disorders, schizophrenics who have been ill less than six months, as well as the obsessional compulsive type of psychoneurotics. However, both of these latter groups have a much less favourable prognosis.

The A.R.N.P.Q. Sets the Pace

Royal assent having been given to Bill No. 112 on June 23, 1943 a new era in nursing has opened in the Province of Quebec for that bill approved amendments to our Nurse Registration Act, some of which were long overdue. Briefly, the amendments include the following, several of which come into force immediately and others in five years' time:

1. Candidates for entrance to schools of nursing must possess (a) certificate of high school leaving, specified as at least four years of high school or equivalent, or (b) eleventh grade with diploma or certificate, or (c) matriculation certificate sufficient for entrance into a university within the province.

2. The undergraduate course must be at least 3 years, and must be taken in an approved school conducted in a hospital of at least 100 beds with a daily average of 60 patients. The following exceptions have been made to this regulation: "four existing schools—Hôpital St. Luc Ltd., Quebec City, Sanatorium Prévost Inc., Montreal, Hôtel Dieu d'Arthabaska, and St. Eusèbe de Joliette shall be subject to all the provisions of this Act save that the minimum number of beds in the case of these hospitals shall be 50 and the daily average of patients shall be 25."

3. For graduates of approved schools conducted in other than general hospitals, an affiliation of 12 months instruction is required in schools associated with general or special hospitals affording experience in medicine, surgery, obstetrics and pediatrics.

4. Students who have obtained the degree of B.Sc. in nursing must present proof that during their degree course, they have devoted 28 months to nursing in an approved school connected with a general hospital of 100 beds or over.

5. Reciprocal registration is provided for nurses registered in another province or country in which the requirements for registration are not inferior to those laid down in the Act.

6. No school of nursing shall be approved or registered unless it is under the authority of a principal, a day superintendent, a night superintendent, and an instructor qualified to teach the theory and practice of nursing. All these persons must be registered nurses within the meaning of the Act. Department and ward supervisors must also be registered nurses within the meaning of the Act.

7. An annual certificate is to be issued to each approved school, following inspection and recommendations.

8. The Act requires that the board of management of the Association of Registered Nurses of the Province of Quebec be increased from 10 to 14 members, 7 of whom shall be elected annually, instead of 5 as formerly. For the purposes of election of this Board, the province shall be divided into 12 districts. The board of examiners has been increased from 6 to 12 members, six from each language group. All members of the examining boards appointed to conduct examinations at the Universities must be persons teaching nurses. One-half of the members of the examining board are to be appointed by the board of management of the A.R.N.P.Q.

9. The pass mark required of candidates in university examinations conducted under the Act shall be the same as that required by the universities of the province in examinations conducted by their respective faculties of arts.

Any nurse who has obtained the certificate or diploma of an approved school of nursing in the Province prior to the nineteenth of March, 1925, and whose qualifications are approved by the committee of management, shall be entitled to registration without examination upon production of the above mentioned certificate or diploma and payment of the registration fee, provided that the application for registration in that behalf be filed with the Registrar of the Association, on or before the last day of the sixth month immediately following the day of the sanction of the Act, that is to say, not later than

December 23, 1943. Every nurse holding a diploma from an approved school of nursing in the Province which is affiliated with a university, and who has successfully passed the required examination, shall be registered without further examination, upon payment of the registration fee, provided that the application for registration is made within a period of 12 months after the applicant has passed the university examinations. Nurses who have passed the university examinations before the present Act was sanctioned must, if not already registered ,apply for registration within a period of two years subsequent to the passing of the Act if they wish to be entitled to registration without further examination.

A special meeting of the Association will be held in Quebec City on September 24 at which time the implications of the amendments to the Act will be outlined and discussed; a large attendance is therefore anticipated. A morning session for the English-speaking nurses will be held at Jeffery Hale's Hospital and arrangements for the French morning session will be announced in due course. In the afternoon, at 2.30 p.m., a general bilingual session will be held at the Hôtel-Dieu, the oldest hospital in America. It is at this session that the discussion of the amendments to the Act will take place. Evening sessions will be held at 8.30 p.m., in English at Jeffery Hale's Hospital, and in French at Hôpital du Saint Sacrement, 444 Chemin Ste. Foye. The names of the speakers at both these meetings will be announced at a later date.

E. Frances Upton
Executive Secretary and Registrar.

Married Student Nurses

The question as to whether married students should be admitted to schools of nursing is not a new one. It has, however, taken on a new meaning in the last twenty months. Nursing schools, and an increasing number of them, are both accepting married candidates and retaining students who marry during their course. But the school either in accepting married candidates or keeping students who marry after they are in the school should recognize and anticipate the problems inherent in this practice. Among the possible problems that may arise are:

1. The meeting of responsibilities in the home and responsibilities in the school. The intensive nature of the nursing program requires that home responsibilities be so adjusted as to give the professional work first place.

2. The married candidate who has small children. It is highly questionable whether such a candidate should be considered even though she is able to provide care for her children.

3. The granting of leaves of absence for students already in the school to marry.

4. The provision of limited leaves of absence from clinical practice for married students when their husbands are on furlough or for other personal reasons.

5. The permitting of married students to live out of residence. In some schools unmarried as well as married students live out.

Once the school has adopted the broad policy of admitting married students, or retaining in the school a student who marries, it should then establish policies for meeting problems such as those listed above. Depending on the circumstances of the case, the application of these policies may require flexibility, but they should be made known to married candidates and to students in the school alike.

More than a year ago the National Nursing Council for War Service recommended that, for the duration, an effort be made to encourage young married women who are otherwise eligible to enter schools of nursing and that schools be urged to retain students who marry during their course.

—N. L. N. E. Bulletin.

Book Reviews

Rehabilitation of the War Injured, a symposium edited by William Brown Doherty, M.D., and Dagobert D. Runes, Ph. D. 684 pages. Illustrated. Published by the Philosophical Library, 15 East 40th St., New York. Price $10.

This symposium deals with rehabilitation under the main headings of neurology and psychiatry; reconstructive and plastic surgery; orthopedics; physiotherapy; occupational therapy; and vocational guidance. The content consists of over fifty relatively brief articles, related to the principal theme, which have recently appeared in the various medical journals published in the United States, Great Britain, and Russia. The reports of the medical services of the respective Fighting Forces have also been drawn upon extensively. Several articles have been reprinted from journals devoted to public health and industrial hygiene. There is an excellent article on nursing in plastic surgery and maxillo-facial injuries, written by Sir Harold Gillies. From a nursing point of view, this symposium is particularly valuable because it affords some insight into almost every phase of rehabilitation. It also gives a clear picture of certain psychological reactions to injury which the nurse must be able to recognize and deal with when giving care to patients suffering from war injuries. Public health and industrial nurses will find the chapters dealing with vocational rehabilitation extremely enlightening.

Standard Nursing Procedures of the Department of Hospitals, City of New York. Prepared by the Committee on Nursing Standards, Division of Nursing. 422 pages. Illustrated. Published by The Macmillan Company of Canada Ltd., 70 Bond St., Toronto. Price $3.25.

This book outlines the basic and special nursing procedures commonly used in the vast network of municipal institutions which constitute the New York Department of Hospitals. The whole content is thoroughly practical and clearly set forth, and while the scientific basis is assumed rather than discussed at length, there is no doubt of its continuing presence throughout the book. The general approach can best be indicated by quoting from the foreword written by the late Dr. Goldwater: "The readers of this book will note in it a vein of optimism unmarred by complacency, a vigorous striving for the best attainable rather than a dreamy contemplation of the unattainable, a determined effort to explain the reasons for each nursing procedure as well as to describe its technique, an aim to educate nurses as well as to train them". Those who have had the privilege of knowing the women who have guided its destinies, will agree with Dr. Goldwater that keen minds and stout hearts are engaged in the Nursing Division and that they flatly refuse to concede the existency of unsurmountable obstacles or to compromise because their patients are many and are poor. This book could be used to great advantage in many of our large Canadian hospitals.

Operating Room Technique, by Edythe Alexander, supervisor of the operating rooms of the Roosevelt Hospital, New York. 392 pages. Illustrated. Published by the C. V. Mosby Company; Canadian agents: McAinsh and Co. Limited, 388 Yonge St., Toronto. Price $4.50.

This book is appropriately dedicated to "the operating room nurse, rarely heard and seldom noticed, without whose loyal assistance the task of the most skilful surgeon would be immeasurably more difficult". The opening chapters deal with general organization and administration of the operating room followed by a discussion of sterilization and aseptic technique. Subsequent chapters are devoted to the nurse's duties in the anaesthesia room and, in various capacities, in the operating room itself. The remainder of the book describes the set-up and procedure in specific operations. The general approach is logical and direct and the instructions are clear and to the point. The various steps in the surgical procedure are indicated briefly and with great skill. Numerous and excellent illustrations illuminate the text throughout. This book should prove most valuable to all graduate

nurses employed in operating room work and would serve as an excellent reference for student nurses.

Convulsive Seizures, by Tracy Putnam, M.D. 168 pages. Illustrated. Published by the J. B. Lippincott Company; Canadian Office: Medical Arts Building, Montreal. Price $2.50.

A convulsive seizure is always an alarming manifestation of illness even to nurses who are more or less accustomed to dealing with emergencies. To the patient and his friends it is a terrifying experience that should be mitigated in every possible way. The aim of this book is to inspire confidence in patients suffering from convulsive seizures and, by giving sound and practical medical advice, encourage them to make the necessary adjustments in their way of living. Although this book is written primarily for patients, and in popular style, it is thoroughly scientific in its approach. It contains a great deal of information which very few nurses in general hospitals possess concerning the causes and treatment of seizures and of the light shed on them by recent developments in electro-encephalography. There is not a chapter which could not be read with profit by public health nurses, and student nurses would be much better prepared to give intelligent nursing care if they had the knowledge and background this book would afford them.

Essentials of Gynecology, by Willard R. Cooke, M.D., professor of obstetrics and gynecology, University of Texas School of Medicine. 474 pages. Illustrated. Published by the J. B. Lippincott Company; Canadian Office: Medical Arts Building, Montreal. Price $8.00

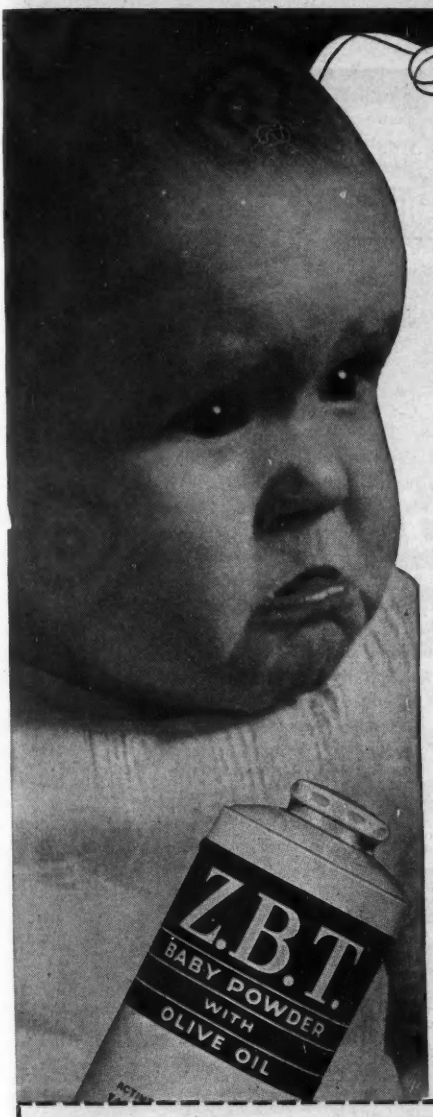
The stated purpose of the author is to present the salient features of the anatomy, pathology, symptomatology and therapy of gynecology. Obviously, the extent to which this purpose is achieved can only be justly appraised by a medical reviewer. Medical treatment has been stressed throughout and the chapters dealing with operative procedure are evidently intended to provide the general practitioner with a working knowledge of gynecologic operations. Thanks to this approach, (and to the excellent illustrations) the book does afford a background that would also be valuable to the nurse when caring for gynecological patients. Curiously enough, a careful analysis shows that throughout the entire work not a single reference is made to nursing care as a factor in the treatment of these cases. Possibly nurses are included among the unnamed collaborators to whom the author makes the following acknowledgement: "Although unexpressed, my appreciation is none the less sincere".

Victories of Army Medicine, by Edgar Erskine Hume, Colonel, Medical Corps, United States Army. 250 pages. Illustrated. Published by the J. B. Lippincott Company; Canadian Office: Medical Arts Building, Montreal. Price $4.00

After tracing the growth and development of the Medical Department of the United States Army from 1775 to 1943, this book goes on to tell the story of the magnificent contribution made to medicine and public health by army doctors. It was a military surgeon who wrote the first American text book on surgery, and a military medical officer, William Beaumont by name, who made the studies of digestion upon which modern treatment is based. The work of Walter Reed and William Gorgas in connection with the cause and prevention of yellow fever and other tropical diseases is possibly the greatest achievement of Army medicine. Military medical officers were pioneers in the science of meteorology and anthropology and, in the intervals between campaigns, made ornithology more than a hobby. The concluding chapters give a fascinating glimpse of what is being accomplished in the present war, especially in the field of aviation medicine.

Operating Room Technic, by Anna M. O'Neill, operating room supervisor, Ohio Valley General Hospital, Wheeling, West Virginia. 300 pages. Illustrated. Published in Canada by The Ryerson Press, Toronto. Price $4.40.

The aim of this book is to help the student nurse to acquire an understanding and ap-



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preciation of the nature and value of sound operating room technique. In order that she may more readily adjust herself to the demands of this service, the author first recommends that introductory lectures should be given and that her practical experience be made as broad and productive as possible. Succeeding chapters deal with various aspects of the work such as sterilization, preparation of sutures, blood transfusion, etc. The second part of the book describes the set-up required for a variety of operations.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Leora Wright, a graduate of the Vancouver General Hospital, with Bachelor of Science in Nursing, University of British Columbia, has been appointed nurse-in-charge of the Elphinstone Branch.

Frances Kidd, a graduate of the Victoria Hospital, London, with Bachelor of Science in Nursing, University of Western Ontario, has been appointed to the Pictou staff.

Caroline Farina, a graduate of the Royal Inland Hospital, Kamloops, B. C., and of the course in public health nursing, University of British Columbia, has been appointed to the Burnaby staff.

Vera Bruner, a graduate of the Public General Hospital, Chatham, Ontario, and of the course in public health nursing, University of Western Ontario, has been appointed to the Border Cities staff.

Joyce McDonald, who has been employed with the Dalhousie Public Health Clinic, has been appointed nurse-in-charge of the New Glasgow Branch.

Mrs. Ruth Villeneuve, having completed the course in public health nursing at the McGill School for Graduate Nurses, has returned to the Cornwall staff.

Margaret Weston, a graduate of the Hamilton General Hospital, has been appointed temporarily to the Hamilton staff.

Marianne Coleman, a graduate of St. Joseph's School of Nursing, London, and of the course in public health nursing, University of Western Ontario, has been appointed to the London staff.

Leonette Drolet, a graduate of St. Luc Hospital, Quebec, and of the course in public health nursing, University of Montreal, has been appointed nurse-in-charge of the Pointe Claire Branch.

Mildred Brown, a graduate of Ottawa Civic Hospital, and of the course in public health nursing, University of Toronto, has been appointed to the Ottawa staff.

Florence Goward, a graduate of the Royal Jubilee Hospital, Victoria, and of the course in public health nursing, University of British Columbia, and *Doris May Jackson*, a graduate of the Winnipeg General Hospital, and of the course in public health nursing, University of British Columbia, have been appointed to the Vancouver staff.

Bessie Soutar has resigned as nurse-in-charge of the Belleville Branch and is serving with the British Civil Nursing Reserve.

Gertrude McGaw has resigned from the Border Cities staff to accept a position with the London Department of Health.

Eleanor Tarr has resigned from the Toronto staff to be married.

Marjorie Ashie has resigned from the Burlington Branch to take up other work.

Arlie Wright has resigned from the Timmins staff to be married.

Elizabeth McDonald has resigned from the Newcastle Branch and is on leave of absence from the Victorian Order of Nurses for Canada.

Dorothea MacDermott has resigned from the Burnaby staff.

Grace Eamer has resigned from the Cornwall staff.

Mrs. Mercer (Mary VanZoost) has resigned from the Halifax staff and has accepted a position with the Dalhousie Public Health Clinic.

Mrs. Lunau (Dorothy Speck) has been transferred from the Toronto to the Halifax Branch.

Ontario Public Health Nursing Service

Sarah A. Wallace (Hamilton General Hospital and University of Western Ontario) has been appointed to the newly-created position of Consultant in Industrial Nursing in the Ontario Department of Health.

Dorothy McKerracher, B.A., B.Sc. (Royal Victoria Hospital and Institute of Public Health, University of Western Ontario) has gone to London as assistant school nurse with the Collegiate Health Service.

Edith Thompson (Toronto General Hospital and University of Toronto School of Nursing) has accepted a position as public health nurse with the Board of Health, Kingston, and *Mary Schaffter* (Birmingham (England) General Hospital and University of Toronto School of Nursing) is with the Board of Education, Kingston, as public health nurse.

In Chatham a generalized public health nursing service has been organized under the Board of Health. *Irene E. Flanagan* (St. Joseph's Hospital, London, and University of Western Ontario) has been appointed senior nurse with *Elizabeth Petrie* (Diploma course, School of Nursing, University of Toronto) and *Merle A. Frank* (Victoria Hospital, London, and Institute of Public Health, University of Western Ontario) as staff members. Miss Flanagan resigned from the staff of the Kitchener Board of Health. *Mary Northwood*, who for more than twenty years was school nurse in Chatham, retired in June and *Mrs. Dorothy Shapter* (Armstrong), who joined the school staff in 1942, has resigned.

Florence Ulph (St. Catharines General Hospital and University of Toronto public health nursing course, 1943) has gone to Lincoln County as public health nurse with the newly-established School Health Unit.

Mary Barrie (Hamilton General Hospital and University of Toronto School of Nursing) has accepted a staff position with the St. Catharines Board of Health.

Mrs. J. C. Watt, née Drysdale (Kingston General Hospital and University of Toronto, 1928) has been appointed public health nurse with the Board of Education, Belleville.

Gladys L. Motley (St. Catharines General Hospital and University of Toronto public health nursing course) has been appointed to the newly-established health service in the Secondary Schools of Sudbury. Miss Motley has been with the Wentworth County School Health Service.

Beulah Fry has resigned her post with the Kingston Board of Education to accept the position of instructor in the General Hospital School of Nursing, Dauphin, Manitoba.

Charlotte Bensonm (Hospital for Sick Children and University of Toronto School of Nursing) has accepted the post of public health nurse with the Penetanguishene Board of Health.

Obituaries

Verna Kathleen Beane died recently. Miss Beane was a graduate of the School of Nursing of the Sherbrooke Hospital, Sherbrooke, P. Q., and a member of the Class of 1926. After rendering valuable service as a supervisor she was appointed superintendent of the Hospital in 1932, a position which she held until her death. She will be greatly missed by her pupils and fellow-workers.

Hang on to your War Savings

Nurses have certainly measured up well when it comes to buying Victory Bonds and War Savings Certificates and most of these are safely tucked away for use after the war is over. There is reason to believe, however, that far too many people are turning

in their bonds and certificates so that they can go on a buying spree. The National War Finance Committee is getting a bit worried about this situation and offers a word of warning: "The greatest danger facing Canada is that presented by prices, and the pressure on the ceiling is indicative of the times. The Wartime Prices and Trade Board will continue to sit on the lid, but surplus money in the hands of would-be spenders is creating a strong upward pull. Such being the case, there is a great need for persistent education urging the retention of bonds and certificates until after the war. The best reason for urging retention of war savings lies in the fact that they will represent valuable aid to recovery, being a back-log of buying power on which to rebuild civilian production."

Difficult but Worthwhile

Superintendents of nurses do not find it easy to arrange for their staff nurses to take post-graduate work while their hospitals are so desperately busy. And yet, somehow or other, they are managing to do it. Not long ago one of them told Miss Lindeburgh, director of the School for Graduate Nurses, McGill University, just why she finds it worthwhile to make the necessary sacrifice: "I am very glad to have the girls back again. They did so much enjoy the year with you and have come back most enthusiastic. You were an inspiration to them. I am planning to get some other head nurses away this Fall. It is difficult but I have found these things must be done while enthusiasm is high — as it is now. I can only hope that we will get enough prepared people around us to convince everyone of the need of preparation. We have much too long depended on adaptability."

M.L.I.C. Nursing Service

Simonne Rouillard (Saint Luke's Hospital, Montreal, 1939, and public health course, University of Montreal, 1943) has been appointed as a Metropolitan Nurse on the Mount Royal staff in Montreal.

NEWS NOTES

MANITOBA

Winnipeg General Hospital:

Clare Hough and Ruth Crichton are taking a three months course at the Montreal School of Social Work for Non-Medical Field Epidemiology Workers in Venereal Disease Control. Beth Rice-Jones has taken charge of the public health field at Neepawa, where Miss Hough was formerly employed.

NEW BRUNSWICK

SAINT JOHN:

The annual meeting of the New Brunswick Association of Registered Nurses was held in Saint John and was largely attended. Many important business matters were discussed.

Mrs. Lewin is now supervisor of the Provincial Hospital, succeeding Miss Lois Smith. Miss Joyce Leet is supervisor of the fifth floor in the Saint John General Hospital, succeeding Miss Isabel Williams who has recently been married.

ONTARIO

Editor's Note: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Irene Weirs, Department of Public Health, City Hall, Fort William.

DISTRICT 1

A meeting of District 1, R.N.A.O. was held recently in Sarnia. At the general session the report of the secretary-treasurer showed a substantial balance and the reports of sections were interesting. A special drive is being made to increase the subscriptions to *The Canadian Nurse*.

It was with much regret that the resignation of Miss Madalene Baker as second vice-chairman was accepted. Miss Mabel Sharpe of Windsor was appointed to take her place. Miss May Jones gave a comprehensive report of the annual provincial meeting of the R.N.A.O. Dr. Norman H. Russell gave a very interesting talk on modern developments in fracture work. Miss Doris Shaw was appointed convener of nominations for 1943-44. Following the afternoon

session, the delegates were guests of the Sarnia General Hospital Alumnae Association at a delightful tea.

District 7

At the quarterly meeting of District 7, R.N.A.O. held recently in Brockville, the many problems brought about by the repercussions of war were discussed. Miss Helen Corbett, vice-chairman of the District, gave a comprehensive report of the annual meeting of the R.N.A.O. Dr. Ralph of the medical staff of the Ontario Hospital gave a most inspiring talk on "Nurses Hobbies".

Radio publicity concerning nursing will be broadcast on Tuesday and Thursday between 11.15 a.m. and 11.30 a.m. beginning this fall from radio station CKWS, Kingston.

QUEBEC

Montreal General Hospital:

K. Miller has resigned from the staff of the Central Division. Elizabeth Colley and M. R. Sifton have accepted positions on the staff of the Central Division. Effie Brown is doing general duty at the Central Division. Mrs. Battersby (E. Gayler) is engaged in general duty at the Western Division. W. C. Spence is on the staff of the Royal Victoria Montreal Maternity Hospital. Norena Mackenzie has completed her duties with the Red Cross and is now on vacation. Anna Lang, who was matron at Bethany House, Montreal, until its closing last autumn, is now in charge of the Ina Grafton Gage Home for Women in Toronto. Rosamond Neill has taken a position in the King Edward VII Hospital, Bermuda. Miss Ingraham is attached to the R.C.A.M.C. Nursing Service. E. Scott, of the out-patient department, has been called to the Nursing Service of the R.C.-A.F. H. McQueen has returned to Canada after spending some time with the South African Military Nursing Service. Ruth Frances and E. Brogan have been given scholarships and will attend the McGill School for Graduate Nurses. Margaret Trueman has taken a position as school nurse in Westmount. Miss Van Vliet is matron of the Sheltering Home, Montreal. Nursing Sister Bury, R.C.A.M.C., who has been in Canada on a short leave, gave us an interesting account of their activities at No. 1 Canadian General Hospital. Elizabeth Harman is on temporary duty at the Trudeau Sanitarium, Saranac, N. Y.

Royal Victoria Hospital:

Kathleen Stanton has joined the teaching staff of the McGill School for Graduate

EXAMINATIONS FOR REGISTRATION OF NURSES IN NOVA SCOTIA

To take place on October 20, 21, and 22, 1943, at Halifax, Yarmouth, Amherst, Sydney, and New Glasgow. Requests for application forms should be made at once and forms MUST BE returned to the Registrar by September 20, together with: (1) Birth Certificate; (2) Provincial Grade XI Pass Certificate; (3) Diploma of School of Nursing; (4) Fee of $10.00.

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations and is within six weeks of completion of the course of nursing.

JEAN C. DUNNING, R.N., Registrar
The Registered Nurses Association of Nova Scotia
413 Dennis Building, Halifax, N.S.

Nurses. Mary Nesbitt, who has been in Los Angeles for a year, has joined the R.C.N. Nursing Service. Eleanor Martin has resigned from the teaching staff and has been replaced by Jessie Cook. Mary Harling has been added to the teaching staff. Geneva Purcell is taking the course in teaching and administration and Gertrude Leonard the course in public health nursing at the McGill School for Graduate Nurses. Charlotte Foster is now in charge of the basal metabolism department, Ross Pavilion. Edith Lunam is on the staff of the admitting office. Elizabeth Gordon is in the hydro-therapy department, Ross Pavilion.

McGill School for Graduate Nurses:

Margaret Truman (P.H.N., 1942) has resigned from the staff of the Victorian Order of Nurses, and has accepted an appointment with the health department, City of Westmount. Katie L. Annesley (T. & S., 1932) has resigned from the teaching staff of the Montreal General Hospital, and has accepted an appointment as senior instructor in the teaching department of the Royal Jubilee Hospital, Victoria, B.C.

SASKATCHEWAN

SASKATOON:

The Student Nurse Recruitment Week, sponsored by the Schools of Nursing of the Saskatoon City Hospital and St. Paul's Hospital, proved to be a great success. The purpose of the publicity campaign was to interest desirable applicants in the nursing profession and to utilize Hospital Day as a means of interpreting for the public not only the value of hospital service but the essential responsibilities in student training. The week chosen was particularly suitable since it began with St. Paul's School of Nursing graduation exercises and concluded with Hospital Day and included the Sunday chosen for the Nurses' National Vesper Service.

The programme was planned by Miss E. M. Howard, director of nursing, Saskatoon City Hospital School of Nursing, and Sister Mandin, of St. Paul's Hospital School of Nursing. Letters, bulletins and pamphlets were sent to the high school principals in all the large centres of Northern Saskatchewan; notices were sent to the clergy; announcements were made over the local radio station, and much assistance was given by the local press. The students of both Schools were keenly interested and gave valuable assistance. They distributed posters, took material to the local stores to aid in window displays, and gave considerable publicity to the project among their friends

of high school age. Business firms co-operated with window displays, and gave space in their newspaper advertisements to nursing slogans. A local theatre allowed the committee to place a nursing exhibit in their lobby for two days. This exhibit was attended by graduate and student nurses ready to give out leaflets or discuss nursing with prospective applicants.

One of the highlights featured an interview during a radio programme, in which four students of each school participated and presented various aspects of student life. Tours of the hospitals were arranged and student nurses were available to answer enquiries. Over 500 visitors were shown through the teaching departments of the hospitals, the majority being young women of high school age.

Saskatoon City Hospital:

Elda Graham, who has recently completed a post-graduate course at the Montreal Neurological Institute and the McGill School for Graduate Nurses, has been appointed clinical instructor in the School of Nursing of the Saskatoon City Hospital. After taking post-graduate work, Constance Clemens and Margaret Wilker have been appointed science instructor and nursing arts instructor respectively. The following nurses, all of whom have taken post-graduate work during the past year, have been appointed supervisors: Ruth Farnsworth, Norma Wylie, Edna Larmour, Beatrice Marshall, Sheila Morrison, Martha Hall, and June Stuart.

MOOSE JAW:

Miss Mary E. Ingham has resigned her position as superintendent of nurses in the Moose Jaw General Hospital. Miss Ingham was consistently interested in nursing activities and was a member of the Council of the S.R.N.A. Miss Grace Motta, who succeeds her as superintendent of nurses, is a graduate of the School of Nursing of the Winnipeg General Hospital, and has taken post-graduate work at the School of Nursing, University of Toronto.

Call from a Mission Outpost

Miss Eva Hasell, honorary organizer of the Anglican Sunday School Caravan, writes of the urgent need for an Anglican nurse who will serve in a Mission Outpost 40 miles from Dawson Creek and the Alaska Highway. The salary is $35 a month, gifts in kind, and free fuel. The nurse's companion in winter would be the missionary teacher. The nearest doctor is 40 miles away but can be reached by telephone. If this opportunity for service appeals to you, write to Miss Hasell, in care of the Synod Office, Trinity Hall, Winnipeg.

. . . OFF . . . DUTY . . .

We always did love beautiful fabrics . . . even though we can seldom afford to do more than gaze at them . . . We never could get past a shop window if a decorator with Bakst tendencies had set an extravagant length of gleaming white satin against a background of deep black velvet but in these stern times all this flaunting display of luxury is justly denied us . . . Even the shelves are empty now . . . no more Scotch tweeds, cunningly woven and smelling of peat smoke . . . no more English broadcloth, solid and durable as Britain itself . . . no more flowered Chinese silk, delicate as peach blossom . . . Silk must be kept to make parachutes that will bring a pilot safely to earth out of his burning plane . . . Wool must be hoarded for the Army, Navy and the Merchant Marine . . . and who else has a better right to wear it? . . . Civilians can get along quite well with chilly scratchy stuff . . . made of all sorts of queer substitutes such as wood fibre and coal tar . . . It was from a mill owner in Lyon that we once learned at first hand about the ancient art of weaving . . . His family had been weavers for generations . . . and he had inherited a modest collection of silk fabrics . . . some of them hundreds of years old . . . He would look at the design and feel the texture and tell you in what century and in what country the web had been made . . . He knew whether it had come from India . . . borne by camels in a caravan winding down a narrow mountain trail . . . or whether it had sailed the perilous seas in a Chinese junk with a dragon's head at the prow . . . We told him that we had once seen less romantic transportation of the precious stuff by means of a special train that used to cross Canada at top speed . . . sealed and in bond, guarded night and day . . . carrying raw silk from one ocean to another on its way from the Orient to be made into sumptuous velvet in the famous mills of Lyon . . . Like most Frenchmen, he wasn't much interested in countries other than his own . . . but the idea of the silk train rushing over the Rocky Mountains and across the prairies seemed to appeal to him . . . Pure silk, not rayon or other shoddy rubbish . . . that was what a weaver wanted . . . Even then he was uneasy about the future of his craft . . . Times were changing . . . Women wore a cheap frock for a month or two and then threw it away . . . no modern bride ever thought of saving the snowy brocade of her wedding dress to make a christening robe . . . Perhaps it was almost time to have done with warp and woof . . . and to settle down with his wife in a pleasant home in the country . . . His sons would carry on the business . . . it was all in the family, anyway . . . Much water has flowed under the bridges of the Rhône since the summer afternoon we spent in that busy mill . . . Some of the looms, and even the weavers who tended them, have been taken away into bitter exile . . . but there will come a day when they will come home again . . . there always have been French weavers in Lyon and there always will be . . . it is all in the family, anyway . . .

— E. J.

Official Directory

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated 1917)

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Regina Registered Nurses Association

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OCTOBER
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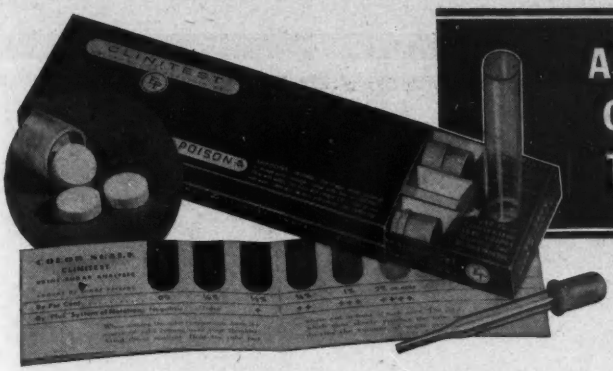

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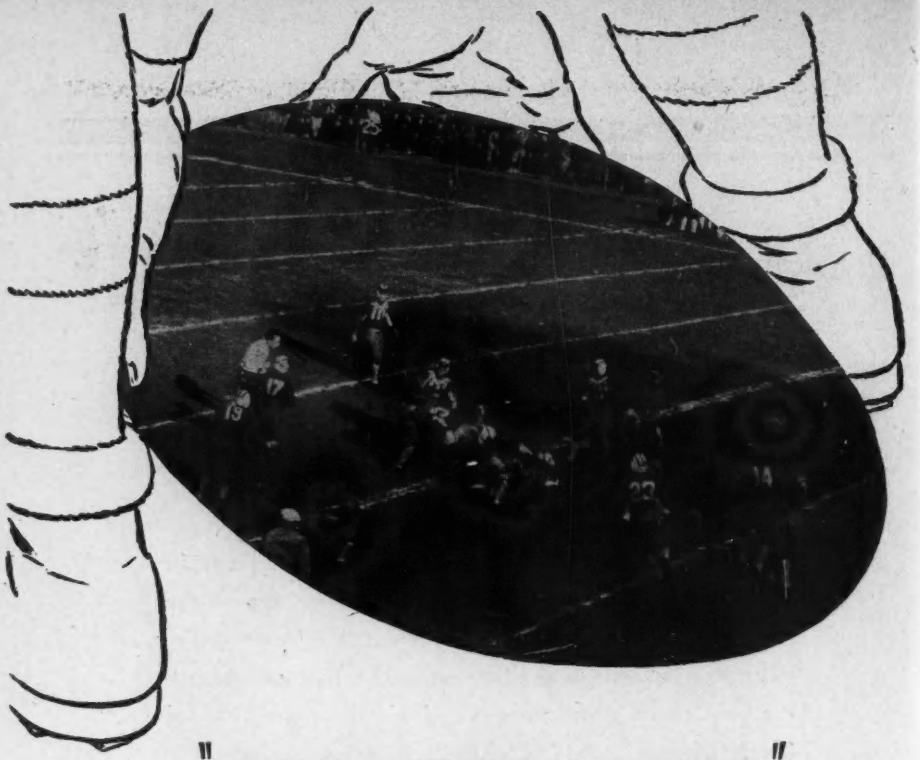

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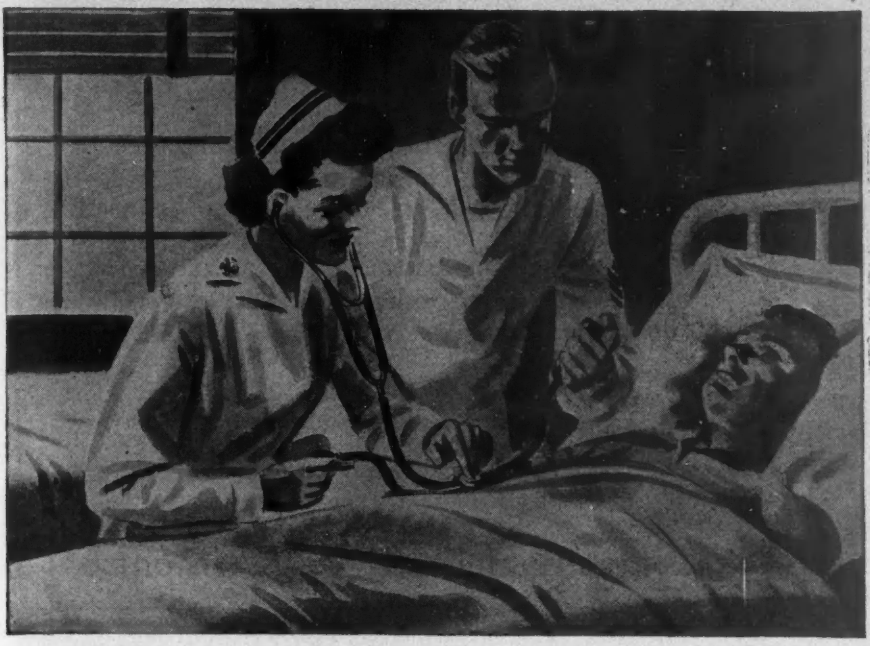

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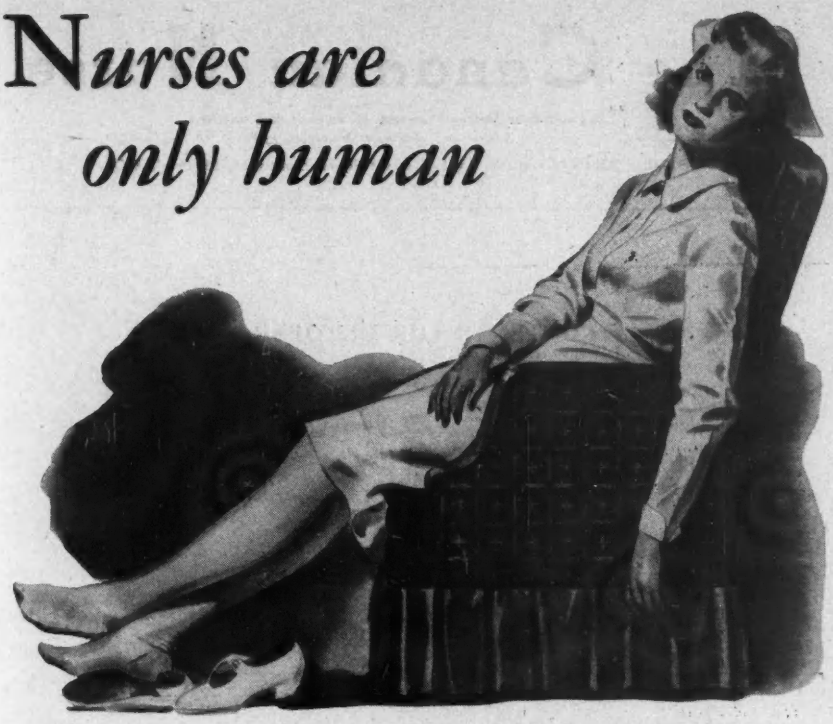

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